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THE

CONTAGIOUS DISEASES ACTS

CONSIDERED IN THEIR

Moral, Social, and Sanitary Aspects.

BY

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Any profits arising from the sale of this publication will be devoted to the funds of the
PLYMOUTH FEMALE HOME for the reclamation of fallen women.

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THE HISTORY

The history of the world is a story of the human race, of its struggles, its triumphs, its failures, and its progress. It is a story of the human mind, of its discoveries, its inventions, its art, and its science. It is a story of the human heart, of its loves, its hates, its hopes, and its fears. It is a story of the human spirit, of its courage, its faith, its hope, and its charity. It is a story of the human race, of its struggles, its triumphs, its failures, and its progress. It is a story of the human mind, of its discoveries, its inventions, its art, and its science. It is a story of the human heart, of its loves, its hates, its hopes, and its fears. It is a story of the human spirit, of its courage, its faith, its hope, and its charity.

PREFACE.

THE substance of this pamphlet has just appeared in the form of a series of letters in the Plymouth daily papers, partially in the *Western Morning News*, and more completely in the *Western Daily Mercury*. Its having been originally written in an epistolary form will account for the frequent use of the first person. At the request of many friends it is now issued in its present shape, in the hope that it may be the means of counteracting many misrepresentations, and leading to a more correct opinion than at present exists in many quarters, of the spirit and the results of the Contagious Diseases Acts.

For a portion of the information in the Appendix the author is indebted to the "Third Report on the Operation of the Contagious Diseases Acts," just published by the Association for extending the operations of the Act; to which report those who wish for fuller information are referred.

Stonehouse, Plymouth,
July 9th, 1870.

CONTENTS.

	Page
Introduction	7
I. Should we treat enthetic diseases at all?	9
II. Ought they to be treated by Government at the public expense?	11
III. Contagious Diseases Acts	15
(A) Sanitary results	15
(B) Moral and social effects	19
(C) Do they increase clandestine prostitution?	24
(D) Do they interfere unduly with the liberty of the subject?	29
(E) Are they a form of license of prostitution?	38
(F) Is their inequality as applying to only one sex a valid objection?	43
IV. Alternative proposals examined and found wanting	47
V. Are the Contagious Diseases Acts capable of amendment?	53
Should their operation be extended to the civil population generally?	56
Collateral influences which may be advantageously brought to bear in aid of the Acts	58

APPENDIX.

Section I. Précis of the Contagious Diseases Acts	66
Section II. Statistics of results	69
Section III. Alleged instances of tyrannous administration of the Acts	73
Section IV. Unworthy tactics of opponents of the Acts	79
Section V. Letters from elergymen resident in districts under the Acts	81

CONTAGIOUS DISEASES ACTS,

ETC.

AT a time when the Contagious Diseases Acts are occupying so large a share of public attention, while a debate on the subject is still pending in the House of Commons, and the Government has signified its willingness to issue a Royal Commission for inquiry into the matter, it appears to me to be most opportune and desirable that all who take an interest in the subject should sit down quietly, and, throwing aside all preconceived prejudices on the one side or the other, come to a deliberate conclusion on a matter second in importance to none in its bearing on the physical and social well-being of a large class of our fellow-countrymen.

Having been engaged in watching the effects of the above Act for several years, both as a surgeon of the Royal Albert Hospital, Devonport (one of the hospitals certified under the Act), and secretary to the Plymouth Female Home, I have had ample opportunities of considering the subject, both in its medical and moral bearings, and it is my desire to seize the present opportunity of placing before the public a few remarks on this matter, which shall be suggestive rather than exhaustive, necessarily cursory in their character, but calculated, I trust, to lead to a more full and impartial consideration than the subject has yet received at the hands either of the supporters or opponents of the above Act.

The following propositions appear to me to contain the

elements of a comprehensive view of the subject in hand, and it is my purpose in the following pages to examine each of these propositions in detail.

1. Is it right or desirable to treat so-called Enthetic diseases at all?

2. Do these diseases constitute such an evil as to justify the Government in treating them at the expense of the public purse?

3. Are the Contagious Diseases Acts calculated to promote the objects for which they are intended? What are their sanitary results? What are their social and moral effects? Do they tend to increase clandestine prostitution? Do they interfere unduly with the liberty of the subject? Are they a form of licensing prostitution? Is the allegation that they apply to one sex only a valid objection?

4. Has any feasible alternative yet been suggested which is capable of coping with the evil in question, and which, while delivering us from the disgraceful state of "*laissez faire*," which makes our great towns notorious for open and unblushing licentiousness, is free from the objections to which the present system is supposed to be open?

5. Until such an alternative is found, and proved sufficient, is it wise to urge the immediate repeal of the Acts? If not, are they capable of amendment, and should their operation be confined to the present areas, or should it be extended to the civil population of our great towns?

All these points will doubtless be fully considered by the Royal Commission promised by the Government, and the public may rest satisfied that on this occasion the evidence taken will not be so markedly one-sided as on the occasion of the Select Committee of the House of Commons last year, but that the opponents of the Act will have every opportunity of bringing forward, and, if possible, of substantiating their objections.

I for one rejoice at the prospect of this subject being

considered by a Royal Commission, because the enquiry will doubtless be carried on at all places where the Act is in force, and its working has been tested; and all evidence brought before such a tribunal will be attested on oath.

1. SHOULD WE TREAT ENTHETIC DISEASES AT ALL?

The first proposition I submit for discussion is this: Is it right to undertake the cure of so-called enthetic diseases at all?

Many of your readers may consider it a perfect waste of time to discuss such a proposition; so should I, had I not attended the Social Science Congress at Bristol last year, and heard several gentlemen (chiefly clergymen) maintain these two positions. *First*, that such diseases are intended by God as the direct punishment of a particular vice, and that to undertake their cure is an impious interference between sin and its punishment. *Second*, that to cure such diseases is to remove a valuable safeguard against the spread of vice,—tending, in fact, to encourage vice by making its indulgence less dangerous. One gentleman went so far on these grounds as to speak of these diseases as if they were blessings in disguise. With regard to the first position, I quite agree that this disease is an awful punishment of vice—a punishment too, be it remembered, which is visited not only, and often not so much, on the guilty as on the innocent, infecting in its hereditary taint posterity to the third and fourth generation, often involving in its loathsome grasp the tender and delicate and virtuous mother, with the helpless infant hanging on her breast. But be it so—that it is the punishment of sin; is not all disease the consequence and punishment of sin, just as truly if not in so marked a degree as this? And are

we therefore not to cure it? If this argument is good for anything, it is good not only against the Contagious Diseases Act, which seeks the cure of enthetic disease, but against the treatment of all and every disease. It represents the whole medical profession as spending their time and talents in attempting to interfere with God's arrangements. Further, this argument should be equally good against all sanitary legislation. And more than this, what is pure philanthropy itself but an attempt to interfere between sin and its punishment? Finally, what was the life of Christ himself, and what was His death, but an interference between sin and its punishment? and has He not in these things left us an example, that we should follow His steps?

But, secondly, the diseases in question are said to constitute a valuable check to the progress of vice. If intended as such, all I can say is, that they have proved a gigantic failure. I do not believe that one man or woman in a thousand has been kept from the indulgence of this vice by the fear of enthetic diseases; but if there be any, their motives for virtue are at a very low ebb, and not worth a rush. The fact, well known to many medical men, that the same persons are treated by them over and over again for repeated attacks of these diseases is quite sufficient to demolish this theory. The natural tendency of vice of all kinds—and the one in question is no exception—is progressive, despite the punishment. Again, we must remember that the argument we are considering tells just as much against voluntary effort, suggested as a desirable alternative by the opponents of the Contagious Diseases Act, as against the compulsory treatment enjoined by the Act. But the argument itself, equally with the last, is capable of a *reductio ad absurdum*. If these diseases are a valuable check to the progress of vice, the plain duty of the medical profession is not to cure, but to foster them—an absurd idea, from which any man in his senses would at once revolt. Allow me, in conclusion, to point out the glaring

inconsistency of the opponents of the Contagious Diseases Act, in maintaining on the one hand, that it is calculated to promote prostitution, and to increase disease; while on the other hand they say, that by curing disease it removes a valuable check to the progress of vice, and then go on to suggest the alternative of voluntary effort, which is open, as we have seen, to the very same objection.

I hold, then, that it is right to attempt the cure of enthetic diseases, and that to do so is an act both of true philanthropy and of Christian duty.

II. DO ENTHETIC DISEASES CONSTITUTE SUCH AN EVIL AS TO JUSTIFY THE GOVERNMENT IN TREATING THEM AT THE EXPENSE OF THE PUBLIC PURSE?

THIS is our second proposition, and in coming to a decision on this question the Contagious Diseases Act must for the time be left quite out of the question. We are not now discussing whether this or that Act is wise and beneficial; but, Is the Government justified in taking the subject up at all? I propose to look at this question in a double aspect; *first*, as it concerns the naval and military services of the country; *secondly*, as it concerns the civil population; and with regard to each of these departments it will be necessary, first, to form some kind of estimate of the extent of enthetic diseases, and, secondly, to come to a decision as to the duty of the Government to interfere or not in either case.

It has been the fashion of late to assert, that the extent of these diseases has been grossly exaggerated; that increased knowledge with regard to them, and consequently more scientific treatment, was gradually leading towards their extinction, had not the Contagious Diseases Act stepped in and

increased it once more. With regard to the public services, I shall content myself with two statements bearing on this subject. Speaking in committee of the House of Commons early in 1864 (the year in which the first Contagious Diseases Act was passed), Lord Clarence Paget said, in reference to this subject: "The hon. member for Bedford (Mr. Whitbread) and several other gentlemen have looked into this matter, and have made a report; but *I dare not place it before the Committee*. I will, however, show it to any hon. gentleman who may desire to see it." Sir M. Peto on the same occasion said, "The evidence of the Deputy Inspector-General of Hospitals showed, that though in foreign services the proportion of men suffering from these causes extended to 60 or 70 men per 1000 per annum, *in the British service it was not less than 442 per 1000 annually*," in other words, 44 per cent. With regard to the army, Dr. Lyon Playfair stated, in the celebrated closed-door debate on the 24th of last May, on the authority of Dr. Parkes, that the number of men constantly in hospital for these diseases before the passing of the Contagious Diseases Act amounted to the full complement of two whole regiments annually. Thus much for the army and navy.

With regard to the civil population, it is much more difficult to estimate the extent of disease. In fact there are no reliable statistics of more than a partial character to be obtained. Mr. Wagstaffe was employed last year by the medical officer of the Privy Council to make an estimate with regard to the *sick poor* of the metropolis, and he asks us to believe that only 7 per cent. of the sick poor are affected with enthetic disease. And what is his basis for these figures? A week's observation of the in and out-patients of four general and two special hospitals, the out-patients of five dispensaries, and the in-patients of two workhouses. He makes no addition for the out-door parochial poor, because he thinks that, not being entitled to be treated for these complaints by the parish doctor, they are all included in the

various hospital returns ; and thus he flatters himself he has a reliable basis for estimating the enthetic disease among the sick poor of almost one-fourth of the population of London. Anything more painfully vague can scarcely be imagined ; and when it is remembered that a very large proportion of enthetic disease among the civil population is never treated by medical men at all, but falls under the care of chemists or of quacks, I think I am not wrong in concluding that such returns are almost valueless. But I turn to one more witness : let Dr. Chapman speak, the editor of the *Westminster Review*, the president of the Association for obtaining the Repeal of the Contagious Diseases Acts, and by far the ablest opponent of these Acts. In the *Westminster Review* of July, 1869, he gives us the following figures :—"Of 6000 surgical out-patients seen in St. Bartholomew's Hospital annually, about one-half are suffering from enthetic diseases, besides a vast number seen in the casual department, and many hereditary cases treated in the wards of the hospital. At Guy's Hospital about 25,000 cases of these diseases are treated annually. At the Royal Free Hospital 117 cases is the daily average, or 42,700 cases annually. At King's College University, St. Mary's, Westminster, London, Middlesex, and St. George's Hospitals, from 50 to 38 per cent. of surgical out-patients come under the same category." Again he says of this disease :—"Its ravages are ceaseless ; it counts a greater number of victims than all those added together who from time to time have fallen sacrifices to the scourges which have swept over and filled mankind with dread. It is in the midst of us, it pervades every rank of society, its traces may be discovered in almost every family. It attacks by preference the young and vigorous ; the strength of manhood it turns to weakness ; the healthy blood of blooming womanhood it converts to poison ; it respects neither virtue, nor purity, nor innocence, which are alike defenceless against its indiscriminating and corrupting influence."

I think I have said enough to show that the extent of these diseases has not been overrated ; that they are calculated to a great extent to sap the foundations of public health ; that they constitute, in fact, a national calamity ; and that, therefore, the Government is not only justified in adopting means for their remedy, but would be culpable if it did not do so.

It must be granted, however, as it seems to me, that in its extent and directness, though not in principle, the duty of the Government in this respect to the naval and military services differs materially from its duty to the civil population. The Government is the natural guardian of the health of its own troops, who risk life and limb in its service, and more especially so with regard to these diseases, "because (to quote the words of Mr. Simon, the medical officer of the Privy Council), the military and naval services, at their respective stations, are essential determining causes of prostitution, and the State, which, for its own purpose, keeps masses of male population unmarried, cannot claim to be indifferent to the result ; and further, because the specific diseases under consideration, occasion so enormous a quantity of temporary disablement in the two services as to be of pecuniary importance to the entire tax-paying community." On these grounds I hold that it is a matter not only of duty, but also of sound policy and true economy, that the Government should provide the best and most complete remedy that can be devised to protect the health of its troops in this respect, and that such provision should, of course, be defrayed from the public purse.

But with regard to the civil population the matter is somewhat different, not because there is less need of the application of a remedy, but because it is supposed to be the duty of the civil population to take care of its own health. Still, in all our large towns, the evil is of such dimensions, and its effects so deleterious, that it loudly calls, if not for

government, at least for public interference. It is not my intention now to propound a scheme, or to indicate the best remedy, but I would merely suggest the principle that if a local state of things requires a local remedy, the expense of such remedy should at least mainly fall on the locality; but if such a state of things is also of national importance, Government aid might be fairly expected to supplement the local contribution, the Government in all such cases first approving the remedy, and acquiring the right of inspecting its working. Whether it should be optional or compulsory in our large towns to adopt a remedy to meet this evil, I will leave others to discuss, merely suggesting that should the Government on enquiry find that at any given town these diseases and the public prostitution which promotes and engenders them are widely prevalent, and no adequate means have been adopted to meet the evil, then the Government should have the power of stepping in and insisting on the application of a remedy.

III. CONTAGIOUS DISEASES ACTS.

(A) SANITARY RESULTS.

The third proposition I submit for discussion involves the consideration of the Contagious Diseases Acts, the effects of which I purpose reviewing in their sanitary, social, and moral aspects. Their sanitary results, so far as obtainable, will first be considered. Let us first be quite clear as to the object the Government had in view in passing these Acts; viz., simply to protect the Army and Navy from the inroads of enthetic disease. Any beneficial effects accruing to the women, whether sanitary, social, or moral, are, so far as the Act is concerned, secondary and collateral. Some of them are

inseparable from its working; but it must be distinctly acknowledged that the *primary* object of the Act is not the reclamation of fallen women, but the cure and prevention of physical disease. In England, however, thank God, no Act of this kind would ever be tolerated did it not make provision for bringing moral and religious influences to bear on a class so much in need of it, and did it not offer every aid and encouragement to any of their number to abandon their life of shame, and to return to the paths of virtue.

First, then, is the Contagious Diseases Act calculated to effect its object in the cure of diseases, and amelioration of the health of our troops? If it can be proved, as the opponents of the Act assert, that it not only does not cure, but positively increases disease, then the object of its enactment has failed, and the sooner it is replaced by a superior remedy the better. But let us see. I have already shown that 44 per cent. per annum of the British service were under treatment for these diseases before the passing of the Contagious Diseases Act, and that in the Army two whole regiments might be considered continuously *hors de combat* from the same causes. Appended to the Report of the Select Committee of the House of Commons last year will be found a table furnished by Dr. Balfour, of the Army Medical Department, showing the amount of admissions to hospital for enthetic diseases for nine successive years (1860–8) at 24 stations, at five of which the Contagious Diseases Act had been in force since 1866, whilst the other 19 were unprotected by it. At all the stations there were considerable fluctuations in the amount of disease from year to year, the number at Plymouth, for instance, varying from 47 to 28 per cent.; but at the five protected stations—Plymouth, Portsmouth, Chatham, Woolwich, and Aldershot, the numbers for 1867 and 1868 are all below the average of the nine years, while in the majority of the unprotected stations the average was exceeded. The year 1868 gives a better return than any previous year at

Plymouth, Woolwich, Chatham, and Sheerness. The returns for 1869, which may be found in the "Third Report on the Operations of the Contagious Diseases Act," just published, show a still further and very marked improvement. Plymouth, where the average admissions for enthetic disease for the previous nine years had been 35 per cent., shows only 21 per cent. in 1869; Portsmouth (average of nine years 38 per cent.) shows in 1869 only 23 per cent.; Chatham (average of nine years 30 per cent.) shows in 1869 only 18 per cent.; and so on in all the protected stations, now nine in number. The case of Colchester merits special notice. Its average for nine years was 43 per cent.; its average for 1868 was 53 per cent.—more than half the effective strength. The Act came into force there in January, 1869, and the returns for that year are only 24 per cent.*

But perhaps a fact that speaks as loudly as any in this matter is, that the marked effect of the act in diminishing disease at the protected stations has converted Dr. Balfour himself from being an active opponent to becoming a warm supporter of the Act. Let us take one more illustration. Mr. W. Lane, assistant surgeon to the Grenadier Guards, gives us the following information in the *Lancet* of May, 8th ult. The battalion to which he is attached left London for Windsor on March 1st, 1869. On arrival the men were inspected, and those diseased sent to hospital, Windsor being a place where the Act is in force. For the next four months there were only 30 fresh cases of enthetic disease, all of a mild character. The battalion returned to London on September 1st, and for the next four months the number of similar cases was 108—more than $3\frac{1}{2}$ times the number occurring at Windsor.

With regard to the seamen of the Royal Navy, the returns are not so copious, but still more satisfactory, the annual ratio of cases of disease being less than in either the army or marines. A return appended to the report of the Select

* Vide Appendix, section 2, table A.

Committee of the House of Commons last year gives an abstract of cases of disease occurring in the Army, Navy, and Marines for twelve months, ending April 1st, 1869, at the nine protected stations. The annual ratio of disease per cent. of strength in the three arms of the service was 19·59, a very low figure as compared with former returns; but it will be seen, on examining the abstract, that the seamen of the Royal Navy contributed to the excellence of the returns far more than either the Army or Marines. The Army, with an average strength of 30,436, sent 6798 patients to hospital for enthetic disease, or 22·3 per cent.; the Marines, out of an average strength of 6535, sent 1401 patients to hospital, or 21·8 per cent.; while the seamen, out of an average strength of 15,317, contributed 2036 patients, either treated on board or sent to hospital, an average of only 13·2 per cent. Doubtless unrestricted marriage among the seamen is a very important element in this return. It is with great satisfaction that I call attention to the prominent position which Plymouth holds with regard to diminution of disease. From returns furnished weekly by the Port Admiral to the committee of the Royal Albert Hospital, it appears that for twelve months, ending June 30th, 1869, the annual ratio of disease in this district, in all arms of the service, was only 13·00 per cent., while for nearly eleven months, ending May 21st, 1870, the *annual ratio is still further reduced to 9·464 per cent., and of this number only 8·00 per cent. were cases of disease contracted in the district.*

We now turn to the health of the women brought under the operation of the Act; and taking Devonport for an example (for no general returns have been published), we find that since periodical examinations have been thoroughly carried out the percentage of women found diseased has steadily diminished.* The senior surgeons of the Royal Albert Hospital, Devonport, published a return last year,

* Vide Tables C and D in Appendix, section 2.

which shows that for 13 weeks, ending November 28, 1868, 28·8 per cent. of women examined were affected with disease; while for the next three quarters the percentage fell to 23·1, 21·1, and 16·8 per cent. respectively. Continuing this return from August 28th to December 31st, 1866, the number had fallen to 11 per cent., while from January 1st to May 21st, 1870, it had further fallen to 9·5 per cent. Nor is this all. It must be remembered that enthetic disease consists of two varieties—a major, constitutional;* a minor, chiefly local in its effects. Reference to a return published by the staff of the Royal Albert Hospital last year shows that the percentage of the major disease has undergone a steady diminution. In 1865 57·45 per cent. of all cases admitted into the Hospital were affected with the major form of disease, while for the half-year ending March 31st, 1869, this percentage was reduced to 17·72. Connected with this as a cause, the average period of detention of patients in the Lock Wards fell from a maximum of 71·51 days in 1867 to a minimum of 31·76 days in 1869. The same proportionate diminution of the major form of disease has also taken place in the Army, Navy, and Marines.

I conclude, then, that the Contagious Diseases Act, though still in its infancy, is already a success in a sanitary point of view.

III. (B) MORAL AND SOCIAL EFFECTS OF THE CONTAGIOUS DISEASES ACT.

IN continuing the consideration of my third proposition, I shall next review the moral and social effects resulting from the operation of the Contagious Diseases Acts.

I am one of those who hold that no amount of physical

* Table C in section 2 of Appendix.

benefit, in the cure and prevention of diseases, will justify the passing of such an Act as this, if the bringing to bear of moral and religious influence on the women be not inseparably bound up with the Act, nor do I think that it should remain in force a single day if it can be proved, as asserted by its opponents, that its effect is to increase prostitution of one kind or another, and to foster immorality. In the first place, this moral and religious influence is part and parcel of the Act itself, for the 12th clause enacts "that no hospital shall be certified until satisfactory provision has been made for moral and religious instruction." At Devonport, *e.g.*, a chaplain is appointed, towards whose salary Government votes £100 per annum. At a lecture lately given at the Plymouth Mechanics' Institute by Dr. Rule, a Wesleyan minister, he referred to this matter with a taunting sneer, and said, "Government, forsooth, having first deprived those poor creatures of their liberty, takes care to give them a religious education in their profession." Such an expression, unworthy of any man calling himself a Christian minister, can call forth nothing less than indignation from those who are aware of the devoted services of the Revs. J. Metcalfe, O. Manley, H. Grylls, and I. Hawker, all of whom have held the office of chaplain to the Royal Albert Hospital, and whose exertions have been untiring, not in educating the women religiously in their profession, but in doing all that lay in their power to rescue them from a life of sin and shame. To aid them in these efforts, Government has also voted an annual grant, first of £100, then of £150 towards the Samaritan fund, which is wholly expended in aiding the work of reclamation, either by sending girls to their friends, or to one or other of the reformatories. I say, without fear of contradiction, that there is not a single woman brought under the operation of the Contagious Diseases Acts in these towns—and I believe the remark will apply equally to all places where the Act is in force—who has not the opportunity placed before her of

giving up her abandoned life and reforming her character and position. One clause expressly enacts that a woman when cured can demand to be sent to her home free of expense. Another clause enacts that when cured she is free from the obligation of periodical medical examination unless she again conducts herself as a prostitute. Another clause provides that any woman wishing to free herself from examination, can do so on application to the visiting surgeon, who, if he is satisfied from the report of the Superintendent of Police that she has ceased to be a prostitute, may order her to be relieved from examination; or if she prefer to prove this fact before a magistrate, he is bound to order her release from examination. With such provisions as these I cannot conceive how the Act can be called an immoral one. It insists on the treatment of physical disease, and while doing so holds out a helping hand towards moral reclamation. "Go, and sin no more" exactly expresses the principle of the Act.

And what results can we show in the way of reclamation at Devonport since 1864? 211 have entered Homes or Penitentiaries, 690 have been sent home to their friends, and 162 have been married, making a total of 1068. What shall we say of this number? Have they been reclaimed? To say so is to my mind simply to throw dust in the eyes of the public, and I am persuaded that no greater injury can be done to the Act than to claim for it more than is fully borne out by time-tested results. It is quite true that the above numbers have been satisfactorily disposed of for the time, but to say that 1100 young prostitutes have been reclaimed, is more than the most sanguine philanthropist can believe possible. Several years' experience as secretary of the Plymouth Female Home have convinced me that any one who undertakes an active part in the work of reclamation, must be prepared for the most bitter disappointments, and that of the numbers who have left that institution under the best auspices (to say nothing

of the remainder), only a certain per centage has stood the test of time to prove the sincerity of their reclamation. I have abundant evidence to prove that the same is true of the other kindred institutions in these towns. Let us not then claim too much, but let us be content with this, which I am prepared to affirm, that far more has been done towards the reclamation of prostitutes under the auspices of the Contagious Diseases Act in this district, than would have been effected by combined voluntary effort, without the aid of the Act. What voluntary effort had done before the last few years may be measured by the fact that the Plymouth Penitentiary at the end of the 30th year of its existence, in 1862, had only received 473 inmates, an average of less than 16 annually, and yet until 1860, it was the only institution of the kind in these towns.

There is another point of the very greatest importance in connection with this subject, viz., the large number of young girls just come in from the country, probably to spend a holiday without the knowledge of their friends, and who being found by the police in a house of ill-fame, have been induced by them to return to their friends at once, and have thus been saved from entering on a life of prostitution. We hear a great deal of the danger of the police exceeding their powers, but here is an instance (and it represents a large number of cases) in which they deserve the thanks of the public for having done so. I may state that the above facts and those which follow are stated on authority, which I have not the liberty of naming, but the veracity of which I have no reason to suspect; and, further, that should a Royal Commission issue on this subject, all these facts are ready to be attested on oath.

Next, with regard to the number of public prostitutes, my informant tells me that it has been reduced from 2000 to about 600, and the number of houses of ill-fame from 410 in 1864, to 125 at present.* In common with my colleagues

* Vide Table D in section 2 of Appendix.

at the Royal Albert Hospital, I last year publicly stated my opinion that the numerical results claimed by the Metropolitan Police had been greatly overdrawn, and we also stated our opinion that clandestine prostitution prevailed to a greater extent than before. I am bound to say that the opinions we then expressed were chiefly formed on general impressions, and what we thought to be natural and sound reasoning, and they were not based on any thorough statistical examination or evidence. As far as I myself am concerned, I am convinced that my opinion was wrong on the first point, and quite unsupported by evidence on the second. From careful inquiry, I believe the above figures to be reliable, and they are given on the authority of one whom I have known as a man of strict honesty and unimpeachable veracity for some years before the passing of the Contagious Diseases Act. I have further to state that not only has the number of brothels decreased as above, but there has also been a marked improvement in the conduct of the houses and the demeanour of the women. No room in a brothel now contains more than one bed, which used not to be the case; the houses are comparatively clean, and the women much improved, as a rule, in cleanliness of person and general demeanour. There used to be certain houses to which young boys, both of the navy and civilians, resorted in herds for immoral purposes, from twelve to twenty boys consorting with from four to six young girls; there is now not one of such houses. I do not for a moment claim these results as entirely effected by the Contagious Diseases Act. The action of the magistrates in closing many of the beer-houses, the most notorious brothels in the place, has doubtless contributed much, but I do attribute the greater part of the improvement to the active exertions of the Metropolitan Police in carrying out the provisions of the Act, and to their judicious efforts in preventing further accessions to the ranks of prostitutes by inducing young girls just come to the town

with no prospect or employment to return to their friends, or to seek for and obtain respectable places of service. I doubt not the truthfulness of the above facts will be challenged. I can only repeat that they are ready to be attested on oath, and in return I challenge any association of private individuals, or the magistrates, through their borough and county police, to go *thoroughly* into the question and publish the results.

III. (C) DOES THE CONTAGIOUS DISEASES ACT TEND TO INCREASE CLANDESTINE PROSTITUTION ?

IN continuing the discussion of my third proposition, I now approach the question, "Does the Contagious Diseases Act tend to increase clandestine prostitution?" I confess that I long felt that this was the one weak point at which the Act might be open to just attack, and feeling this, in common with my colleagues at the Royal Albert Hospital, I publicly expressed my fears on the subject last year. Since then I have investigated the matter with greater care and no little anxiety, and have come to the conclusion, not only that there is no evidence of clandestine prostitution having increased since the passing of the Act, but on the contrary that, so far as the Devonport district is concerned, it has positively diminished, and more than this, that the provisions of the Act are in themselves calculated to diminish, and not to increase the evil. I shall of course be at once met by the argument urged so forcibly by Dr. Chapman in the *Westminster Review*, that wherever Government control has been exerted over public prostitutes, there clandestine prostitution has always increased in proportion; and I confess that did I think the present Act likely to lead to such a state of immorality prevailing every grade of society as he believes to

exist in some of the continental cities, I would join in opposing the Act root and branch. But there are just two things which Dr. Chapman has not taken into account; first, the state of public opinion on the continent as compared with that in England with regard to this vice; and next, the fact that the Contagious Diseases Act is a very different thing, both in its principles and moral effects, from any of the licensing systems in vogue on the continent.

It is a matter of public notoriety that the continental estimate of sexual immorality is extremely low, so low as scarcely to be looked upon in the light of sin at all. Hence in such a state of society we find a perfect hot-bed for the spread of, and connivance at, clandestine prostitution. I am not going for a moment to hold up England as free from sin in this matter; on the contrary, I believe our national sins—and there are none greater than the twin monsters, prostitution and drunkenness—are calling loudly to God for vengeance; but this I do say for my country, that public opinion here, not only as represented by the public press, but also by the universal voice of the people, does not look on this form of immorality as a venial sin, but condemns it (with a shameful inequality in the two sexes I grant) as a foul transgression both of the laws of God and man. Hence I affirm that English society, even with all its imperfections, is not a soil in which clandestine prostitution can take a deep and all pervading hold as on the continent. A man whose heart and soul are given to this vice; will indulge it at any price, and in any country; but in England I believe many a man—aye, and woman too—who may not be deterred from sinning by strong religious convictions, will yet be kept straight by the strong influence of public and private opinion.

Again, the foreign licensing systems undoubtedly tend to drive women from public to clandestine prostitution, not as our opponents would have us believe, from the horrors of periodical examination, which in the case of prostitutes are

purely imaginary, but from the many ways in which the public liberty of the women is interfered with, *e.g.*, their being restricted to particular quarters of the town, compelled to live in particular registered houses, forbidden to appear in the public streets after a certain hour, and in some instances even obliged to wear a particular dress. There are many who think that we should do well to copy some of these restrictions. I believe our present ordinary laws are sufficient, *if put in force* by our ordinary police, to preserve public decency, and I should not be in favour of imposing fresh restrictions, being convinced that their tendency must be to increase clandestine prostitution, and lead women to evade the police as far as possible. But it is time we asked ourselves, "What is clandestine prostitution?" It is prostitution carried on secretly, not flaunting itself before the public gaze, but hiding itself alike from the eye of the public, and, if possible, from the notice of the police. It has many phases, and its numbers are most difficult to estimate. *First*, there are those who make their whole livelihood by vice, but who carry on their calling so carefully and privately, that though the police know they are prostitutes, they have not sufficient evidence to justify them in bringing them up for examination, and placing them on the police register. Now this class of clandestine prostitutes has been greatly diminished in this district since the passing of the Contagious Diseases Act. In 1866 there were 300 such cases known to the police; there are now only 40 such. Many of them were the wives of sailors and soldiers, at sea or abroad. What has happened? As soon as the provisions of the Act of 1866 became known, the dread, not of the medical examination, but of the disgrace of being known as public prostitutes, drove many, especially of the married women, to give up their unhallowed calling, and many of such are now known to be living virtuous lives. Many, on the other hand, as time passed on, have been duly informed

against, and have come under the provisions of the Act, while not a few have returned to their friends and are living respectably. Hence the reduction from 300 to 40, which can be substantiated on oath. But let it not be supposed that there are no other clandestine prostitutes; far from it. It is to be feared that the classes of domestic servants, milliners, shop girls, female operatives of all kinds, furnish each their quota to make a considerable number in the aggregate, but I am bound to state my belief that, in comparison with the whole number of their respective classes, the per centage of prostitutes among them is comparatively small. My experience at the Plymouth Female Home has taught me that, with regard to domestic servants, it is chiefly from the lower grades of servants, *e.g.* barmaids at public-houses, young nursemaids, or maids-of-all-work in small tradesmen's families, and farm-servants from the country, that the ranks of prostitution are recruited. There are, doubtless, many milliners and shop-girls who resort to this vice occasionally; but, compared with the aggregate of their class, I believe them to be but few. This, however, is not quite the question in hand. We want to know, not the extent of clandestine vice, but how it has been influenced by the Contagious Diseases Act. This is a question on which it must be most difficult to obtain information. We have here no numbers to guide us, and we can only judge from the impressions produced on the minds of those who have watched public morality most closely. I am, however, prepared to affirm that there is not the slightest evidence that clandestine prostitution has increased in any of the above phases since the passing of the Act. My own belief is, that it has diminished; nor do I think the provisions of the Act at all likely to lead to its increase. On the one hand, women once on the police register cannot resort without detection to clandestine prostitution, so as to elude the vigilance of the police, who both know their faces and their character. They may attempt it, but will not succeed. On

the other hand, those who are already practising clandestine prostitution, and who are women of superior education and higher moral tone and mental power than the others, will very often, as has been proved by numerous instances, give up this vice at once rather than run the risk of being classed with common prostitutes, and thus come under the restriction of the Contagious Diseases Act.

With regard to this class of clandestine prostitutes, I would refer before I have done to a memorial to the Home Secretary, adopted at a conference of delegates from various towns, held at the Freemasons' Tavern on May 5th and 6th, 1870, and bearing the signature of Professor F. W. Newman. He says, on behalf of the delegates, "These women know that submission to the system causes them to be registered and recognised as common prostitutes, and that to be so is pecuniarily injurious to them, because, with certain important exceptions, the majority of men who consort with prostitutes prefer those who are not registered. A large number of women who practise clandestine prostitution more or less continuously, but who have not adopted it as a profession, also resist registration. To be registered, and if found diseased to be forcibly carried off and imprisoned in a hospital, would change the whole structure and arrangement of their lives—the relations which they may have formed would be abruptly ended. Milliners, dressmakers, sempstresses, domestic servants, &c., who eke out a precarious existence, or provide themselves with coveted luxuries in the form of dress, &c., by recourse to occasional prostitution, would at once lose their business connexions, or, if in situations, would be discharged, their characters would be lost, and they would find it impossible to reinstate themselves in their former positions in life."

In the above words Professor Newman and his associates have furnished so plain an apology for vice that he who runs may read it, while at the same time the opinions expressed

are strongly confirmatory of my position, that many of these clandestine prostitutes will rather give up their unhallowed calling than run the risk of being classed with and known as common prostitutes.

I claim, then, for the Aet, *first*, that it has produced an immense diminution in the number of public prostitutes, and that in doing so it has been the means of reclaiming far more than would have been reclaimed by mere voluntary efforts, as tested by the previous experience of many years; and, *secondly*, that it has also greatly diminished the number of a large class of clandestine prostitutes, while there is no evidence that it has in any way tended to increase the clandestine form of vice at all, but rather a strong presumption to the contrary. In conclusion let me point out that, with regard to the lower classes at least, the public form of the evil is by far the most mischievous. A man who has resort to a clandestine prostitute is a man who has made up his mind to do wrong, and goes deliberately into sin; but open prostitution, so faithfully described in the 7th chapter of Proverbs, places temptation in a man's path in such a way, that many a one is overtaken and entrapped who never would have gone to seek vice for its own sake. There is still, alas! enough of this open temptation abroad in our streets; but there can be no question that its numbers have been greatly reduced by the direct operation of the Contagious Diseases Aet.

III. (D) THE LIBERTY OF THE SUBJECT IN RELATION TO THE CONTAGIOUS DISEASES ACTS.

I PURPOSE next to consider the question, "Does the Contagious Diseases Act interfere unduly with the liberty of the subject?"

I shall consider, *first*, its interference with the liberty of prostitutes; *secondly*, its alleged interference with the liberty

of virtuous women. It seems important at the outset to lay down one or two general principles. Let us remember, then, first, that while to interfere unnecessarily with liberty is a political sin, to curb and restrain it, so as to secure "the greatest good to the greatest number," is one of the noblest problems that can occupy the minds of our statesmen and philosophers. Again, let us carefully distinguish between liberty and unbridled licentiousness, and while we carefully maintain the one, let us not hesitate to restrain the other by all legitimate means in our power. Once more I would lay it down as a principle that wherever there is a class of persons, employments, or manufactures, the existence of which is prejudicial to the community, either morally or sanitarily, or both, there the State is fully justified in stepping in with the arm of the law, and interfering, more or less, with the liberty of the subject. To apply this: the class affected by the Contagious Diseases Act is that of common prostitutes, *i.e.*, women who maintain themselves, either wholly or in part, by indiscriminate prostitution. The pursuits of such a class of persons are detrimental alike to public morality and to public health, and therefore I hold that the State is fully justified in curbing their liberty for the welfare of the community, and the more especially so if it makes the temporary deprivation of liberty the opportunity of bringing curative means, both moral and physical, to bear upon the offending class. The law already recognizes the prostitute as an offender against public morals by the Town Police Clauses Act of 1847, which provides for her summary apprehension, if she solicits in the streets. I never heard a complaint made against that law, and that it is not oftener put in force is the fault, not of the law, but of the community. A prostitute affected with venereal disease is a source of danger, not only morally but sanitarily. The Contagious Diseases Act recognizes this fact, and provides for the apprehension and compulsory detention in hospital of

such cases until cured. In the former case the law of 1847 is most summary in its procedure, and quite unaccompanied with effort at reclamation. In the latter case the Contagious Diseases Act is far less summary in its procedure, and moral and religious influence is inseparably connected with the cure of disease. Why, then, is the Act of 1847 accepted as satisfactory (for silence gives consent), while the Contagious Diseases Act is denounced as an iniquitous interference with liberty? The opponents of the Act appear to me to be in this respect the unconscious advocates of unbridled licentiousness. They talk of moral influence as being all-sufficient, but they virtually say that they had rather leave the class we are considering to their own devices than that the law should intervene to deprive them even temporarily of their liberty. But to proceed.

The Contagious Diseases Act interferes with the liberty of prostitutes in three different degrees—*first*, in compelling them to appear before the visiting surgeons for periodical medical examination; *secondly*, in sending them to a certified hospital if diseased, and compulsorily detaining them there until cured; *thirdly*, in case of breach of the regulations of the hospital the Act provides a further punishment.

I. With regard to the provision for compulsory periodical medical examination, the opponents of the Act maintain that a superintendent of police has power under this Act to arrest any woman whom he believes, on oath, to be a common prostitute, to take her before a magistrate without proof, evidence, trial, or conviction, and that she is in fact deprived of the ordinary and cherished rights of a British citizen. This I deny. The Act provides that any superintendent or inspector of Metropolitan Police, having received information that a woman is a common prostitute, shall carefully inquire into the truth of such allegation, and if after inquiry he is prepared to lay information on oath that he believes her to be a common prostitute, he calls upon her to submit to an exami-

nation by the visiting surgeon appointed under the Act. She then has the full option of either signing a form of voluntary submission or of refusing to do so, in which case the superintendent of police lays information on oath, before a justice of the peace, who serves the woman with a notice to appear before him on a certain date, again offering her the option of submitting voluntarily to examination. If the woman elect to appear before a justice (and she has the option of appearing by her attorney, and being heard privately or publicly), she has every opportunity of clearing her character by the fullest investigation, in precisely the same manner and to the same extent as any other offender who is brought before a magistrate, and dealt with by him for breach of any other law of the land, and woe be to the policeman who in such a case shall have been found to have laid his hands upon a modest and virtuous woman. If the magistrate is satisfied, after inquiry, that the woman is a common prostitute, he orders her to submit to medical examination; and it is only after refusal to submit to such order that she can be arrested and imprisoned. I believe the above process to be the mildest and most humane manner of dealing with such cases that could be devised. The object of offering a woman the option of signing a voluntary submission is not, as our opponents would have us believe, to deprive her of her cherished rights as a subject, but to avoid her exposure before the public; the voluntary submission is not forced upon her, but the estimate which the women form of it is evident from the fact that a mere handful out of some thousands examined in this district have elected to appear before the magistrates. The carefulness of the inspector of metropolitan police in this matter is apparent from the fact that not a single case brought before the magistrates by him in this district has yet broken down. Our opponents say that every case should be brought before a jury; in other words, they would wish this disgusting vice to be constantly paraded before the public, and the poor

women themselves to be made the objects of public notice and ridicule. Moreover, they are aware that to carry out the Act in this way would be to load it with such difficulties as to make it thoroughly impracticable. I conclude, then, that so far as the provision for periodical medical examination is concerned, there is no undue interference with the liberty of the subject.

II. But *secondly*, if found diseased, the woman is sent to a certified hospital, and there detained until cured. Is this an undue interference with liberty? On the contrary, I hold it to be the most proper use of authority, because while the deprivation of liberty has the sole object and effect of good to the woman, in the cure of her disease, and of rendering her less dangerous sanitarily to the community, it at the same time gives her the fullest opportunity, under moral and religious influences, to change her mode of life and regain a respectable position in society.

But while agreeing to the principles, there are some minor details of the act which I think require amendment. In the Act of 1869 a clause was inserted empowering the visiting surgeons (under certain special circumstances which I cannot detail here, but which will be found in clause 3 of the Act of 1869,) to place a woman in hospital for five days, without medical examination. This I hold to be an undue and entirely unnecessary interference with liberty, and I trust the clause will be swept out of the Act. Again, the maximum period of compulsory detention in hospital is extended from six to nine months. Any case of such an inveterate character as not to be cured in six months may be fairly regarded as incurable, and should be dealt with accordingly as the Act provides. Again, the Admiralty and War-office have power under the Act to approve rules and regulations made by the committee of a certified hospital, provided they are in accordance with the Act itself. Now the Act provides three distinct classes of medical authority—one to treat the pa-

tients in hospitals, called "chief medical officer;" another to inspect the women, and send them in if necessary, called "visiting surgeon;" and a third to inspect all certified hospitals, called "medical inspector."

It is plainly the spirit of the Act, if not the letter, that these offices should be entirely distinct, and it is to my mind essential to the liberty of the women that they should be so. But under the rules and regulations lately issued by the Admiralty for approval by the hospital committees (instead of, as the Act provides, being issued by the hospital committees for approval by the Admiralty), the visiting surgeon has certain powers nowhere expressed in the Act, given him within the hospital. Not only has he to inspect the women outside, which is all the Act provides, but he has also the power of supervising the general conduct of the Lock wards (not of interfering with medical treatment), and no woman can be discharged cured in less than ten days, by the chief medical officer, without the *previous* sanction of the visiting surgeon. In case of disagreement between these officers, the matter is to be decided by appeal to the Inspector-General of the Royal Naval Hospital of the district, who, though always a most estimable man, has generally had but little experience in the diseases of women. This I believe to be an undue interference with liberty. While I should be quite content that the visiting surgeon should inspect every woman who leaves the hospital, *after* she has had her certificate of discharge from the chief medical officer (and if the visiting surgeon refused to countersign it, the case should be referred to a third party well versed in the diseases of women), I protest against his *previous* sanction being required in any case, before the chief medical officer is empowered to sign a certificate of discharge. The offices of visiting surgeon and chief medical officer cannot be kept too distinct, and should never, as at Aldershot, be combined in the same person, who in this case becomes both judge and gaoler.

III. In case of breach of the regulations of a certified hospital, either by insubordination, destruction of property, &c., the Act further provides, that any woman so offending may be brought before a magistrate, and, if convicted, punished with imprisonment for an offence against the Act. This is a most necessary provision, and ought not to interfere unduly with the liberty of the subject. It is plain to my mind that the powers above alluded to are intended to be in excess, and not in substitution, of the ordinary common-sense powers of punishment enforced without any special law in all public establishments, be they schools, orphan asylums, homes, penitentiaries, or what not. It is, however, important to consider how far such ordinary powers should be carried in the case before us, and when recourse should be had to the special powers provided by the Act. I think I shall carry the public with me in saying that the major power should never be resorted to when the minor will suffice, and that resort should not be had to the magistrate except in cases of women absconding from the hospital uncured, or in aggravated cases of misconduct which have proved themselves not to be amenable to milder discipline. To take a prostitute unnecessarily before a magistrate, is alike an offence against public decency, and prejudicial to reclamatory effort on behalf of the woman. It is absolutely necessary that the authorities of a lock hospital should have the power of separating an insubordinate woman from the rest: without this power the discipline of the house and the comfort of the other patients could not be maintained. Accordingly, the regulations of certified hospitals provide the power of placing refractory patients in separation wards, all such cases being at once entered in a book and reported to the committee, that there may be no risk of oppressive treatment. Beyond the act of mere separation, the hospital authorities are not empowered to punish; and with regard to the place of separation, it should in no case resemble a prison cell. Until

quite recently, the so-called separation wards at the Royal Albert Hospital, Devonport, were nothing better (with the sole exception of being well lighted) than prison cells; but I am happy to say that the committee have recently unanimously decided to abandon them, and that fresh separation wards are now constructed, well adapted in every way for the object intended. As a rule the women have been quiet and orderly. Rather less than one per cent. of the cases admitted have been proceeded against before the magistrates, and the total number punished in every way has been little more than two per cent. I hold, then, that it is only in minor details, and not in the general principles of the Act, that there is any undue interference with the liberty of prostitutes.

It is necessary to say a few words on the alleged interference with the liberty of modest and virtuous women.* The opponents of the Act allege that any woman is liable to be arrested and taken before a magistrate on mere police suspicion of being a prostitute. If the Act be faithfully carried out this is impossible, and it is a fact that there is not a single case yet proved in which any woman who could be fairly called modest and virtuous has been interfered with. There have been one or two cases in which women have been placed on the register who could scarcely be called common prostitutes, but in all these cases there has been ground for the gravest suspicion, the women having either been found in a brothel, or proved to be the most intimate associates of prostitutes. That among several thousands examined no such cases should have occurred, is more than could have been expected; the few cases which have happened, have, I believe, had a beneficial deterrent effect upon many others just hovering on the brink of prostitution. The employment of special police, all of them carefully selected men, for the purposes of the Act, is the greatest safeguard to the women's liberty: their time is entirely devoted to the work, they have

* Vide Section iii. of Appendix.

no local interests to serve, their own credit and their very employment is at stake; and they have no temptation to collusion with brothel-keepers, because so far as the general conduct and order of brothels is concerned, the ordinary local police have alone authority to interfere. Nevertheless every means should be taken to ensure that the metropolitan police employed under the Act do not in any particular overstep the strict letter of the law. Every police officer is liable to a prosecution for perjury in case of malice, and to a civil action for damages in case of mistake. If necessary let still more stringent measures be provided; but I maintain that no modest woman runs more risk of interference from the police under this Act, than she does of being apprehended and wrongfully accused of theft or murder.

One word to the opponents of the Act on the question of liberty. The mode in which they are conducting their opposition is to my mind the grossest interference both with liberty and public decency. They are inciting the women by printed circulars distributed among them, a copy of which I have in my possession, to evade what they know to be the law of the land;* and they tell them that money has been subscribed, and is at their disposal, to assist them in such evasion. They are endeavouring to prevent the women from signing a voluntary submission to medical examination, in order that the police may be forced to use the magistrates' power as often as possible, to the detriment of public decency and the hindrance of reclamatory effort on behalf of the women. They do not scruple to obtain signatures to petitions against the Act from brothel-keepers and prostitutes. In calling public meetings they issue inflammatory circulars to the working-classes, appealing, as they also do in their addresses, to the passions more than the judgment of the people, and ensuring anything but a dispassionate consideration of the subject in hand. They demand the

* Vide Section iv. of Appendix.

immediate repeal of the Act without offering any feasible alternative for dealing with the terrible evil of prostitution. All these proceedings, I maintain, are gross outrages of the cause of liberty, constitutional government, and common sense. If the Act is bad let it be opposed on principle, and discussed dispassionately; but to be obliged to resort to such means as I have described above is the strongest confirmation of the value of the Act; such opposition will assuredly recoil on those who are conducting it, and strengthen the hands of the Government, in not only maintaining but extending its operations.

As far as violation of public decency goes, I need only call attention to the way in which our breakfast tables have been inundated with circulars and appeals, abounding not only with distorted facts and wild and passionate declamations, but also with disgusting and filthy details, which it has required our utmost vigilance to prevent from falling into the hands of our wives and daughters. While I will yield to none in admiration of the zeal and earnestness with which ladies always espouse a cause which they believe to be right, I think that in this instance the zeal and earnestness of the Ladies' Association has not only overrun their judgments, but has led them to overstep the bounds of public decency, and I think that the climax in this respect was reached when Mrs. Josephine Butler, the wife of a clergyman, delivered an address at the Plymouth Mechanics' Institute, before a meeting of men, on the subject of prostitution. I leave the public to decide whether I am right or wrong.

III. (E) DOES THE CONTAGIOUS DISEASES ACT LICENSE PROSTITUTION?

I PROPOSE next to consider the question, "Is the Contagious Diseases Act a system for licensing prostitution?" and connected with this I shall endeavour to meet the objection

urged by Mrs. Butler and the Ladies' Association, that a State recognition of prostitution removes a deterrent moral restraint to the indulgence of vice; in other words, that because the State recognizes prostitution, men and women are led to look upon the sin of fornication as more venial than before. I shall *first* insist upon the important distinction between recognition and legal sanction or licensing; and, *secondly*, show that the Contagious Diseases Act is not a licensing system.

I. We are told that the State ought not to recognize prostitution, or if it do so, it must at least not undertake the treatment of its attendant diseases, or (as the Ladies' Association ingeniously puts the same idea) "provide conveniences for vice." When a medical man is called to attend a dangerous and perplexing case, his first care is to recognize the disease, his next to apply the remedy, which may be moral, physical, or both. Prostitution is a dire disease, which is eating out the very vitals of our public morality. It has long been recognized by philanthropists and a few earnest-minded Christians; but the Government, which should be the physician of the nation, has but just awoke to the fact. I rejoice that it has done so, because I look upon public recognition as the first step to a public remedy. That remedy must be both moral and physical—the one without the other will not suffice. The Contagious Diseases Act I look upon as the first of a series of remedies. The Government, I think, began wisely with a remedy for physical evil, as being the most tangible and ready of access. The Act of 1864 was purely physical. The Act of 1866 recognized prostitution as a moral evil, and added a moral remedy by insisting on religious influence being brought to bear on the inmates of all certified hospitals, and providing grants in aid of reformatory effort on behalf of any woman brought under the operation of the Act. Much more remains to be done; men as well as women have to be considered and dealt with both

physically and morally. Amendments of the Act may do much in this way; but there are many collateral topics, having an important bearing on prostitution, which cannot be included in the Contagious Diseases Act, but must be dealt with independently, partly by Government, partly by voluntary efforts, before we can say that we have anything like a perfect remedy. I would mention, as examples, in passing, the removal, to some extent at least, of restriction of marriage in the army, the amendment of our Licensing Acts, &c., &c. Let us, however, beware that we throw not away a valuable remedy, just beginning to yield most encouraging results, both physical and moral, because it does not do everything that is needed. Let the Contagious Diseases Act be amended by all means, for it needs it in detail; but as for its principle, viz., that prostitution is to be *recognized*, and its evils, both moral and physical, brought under State control, let it be maintained, and it will be found to go on *pari passu* with moral efforts of every description, each developing the usefulness of the other.

Recognition such as this, I contend, can in no sense be called a licensing of vice; it is one thing to recognize an evil for the purpose of restraining and controlling it; it is quite another thing to recognize it with approval, and give it a license. In the former case recognition so far from removing a previously existing moral restraint, imposes fresh restraint on the indulgence of vice; in the latter case the evil is publicly sanctioned and vice is promoted. The Contagious Diseases Act does the former; the foreign licensing system does the latter. That it is so is proved by the moral results already produced in the large diminution in the number of prostitutes and brothels wherever the Act is properly carried out, and, although we cannot yet point to parallel results in the case of men, this arises from the acknowledged fact that at present men are not brought under the direct influence of the Act as they should be, and is an argument for its exten-

sion and not for its repeal. Again, in the case of men, it is much more difficult to form a numerical estimate of the vicious and profligate, a matter of no difficulty in the case of prostitutes, and once more, the all-important moral influences which must be brought to bear upon men are such as cannot be strictly provided, though they are collaterally assisted by the Contagious Diseases Acts. A writer in the *Pall Mall Gazette* thus puts the question of recognition *versus* legal sanction:—"If compulsory vaccination gives sanction to small-pox; if the power to enter premises for the execution of sanitary work gives sanction to nuisances to health, if the forced inspection of factories and workshops may be said to give sanction to overcrowding and overwork, if any sanitary measure may be said to give sanction to the evil which it aims at exterminating, then the Contagious Diseases Acts may be said to be open to this objection." But take one more instance, which, to my mind, is still more *à propos*: look at drunkenness, the twin sister of prostitution. The State recognizes it in order to control it. Does it thereby sanction it, or pronounce it to be necessary or venial? And if we are told that to carry out the parallel, the diseases resulting from drunkenness should be treated at the public expense in Government hospitals, I answer that those diseases, though terribly detrimental to the health of drunkards, are not contagious, nor are they to the same extent as enthetic disease propagated to innocent wives and offspring; and moreover, the treatment of all such diseases is amply provided for by voluntary efforts in general hospitals, whose doors are all but closed against the subjects of enthetic disease.

II. But secondly, let us examine into the allegation that the Contagious Diseases Act gives a license to prostitution. The Act of 1866 provided that the certificate of cure on leaving a certified hospital should be put into the hands of the woman. This, I grant, was a form of licensing, and was proved to be used for vicious purposes, and to be transferred

from one to another. This was represented to the Government and corrected in the Act of 1869. The certificate is now placed in the hands of the police alone, and so far from licensing, it is a warning to the police, that in accordance with a special clause of the Act, they have no power to interfere with such woman until she is again found living the life of a prostitute. But there is another paper given to each woman coming under the operation of the Act, viz., the notice to appear before the visiting surgeon on a certain date for medical examination, and the opponents of the Act actually allege that this is a license for prostitution, and an evidence that the woman is healthy and may be frequented with impunity. Anything more absurd can scarcely be imagined. The fact of a woman's having a notice to appear for examination, so far from being an evidence of health (at least beyond a day or two after examination) amounts to a suspicion that she will be found diseased; and again, inasmuch as *every* woman under the operation of the Act is furnished with the same notice, it cannot give a man the means of distinguishing between a healthy woman and one affected with disease. The police authorities in this district, however, anxious to meet even the shadow of an objection, have lately issued the notices to attend only forty-eight hours instead of a fortnight before the time of attendance, and thus the absurd objection is entirely met.

I conclude, then, that prostitution is an evil of such a character that the State must recognize in order to grapple with it with any degree of success; that in recognizing it, so far from removing a moral restraint, deterring from vice, it has increased that restraint as proved by statistics in the case of women; and that the same results will take place with men when the principle of the Act is extended to them, and other collateral influences are brought to bear upon them; further, that the Contagious Diseases Act is not now in any case a system for licensing vice. Let us, then, no longer

shut our eyes and practically ignore as a nation this awful evil, but let us rather rejoice that while voluntary effort has long proved inadequate to grapple unaided successfully with the evil, the State has provided us with so beneficent an Act, and one calculated to foster and encourage and develop the usefulness of every voluntary effort made in the same direction, and with similar objects in view.

III. (F) IS THE ALLEGATION THAT THE ACT APPLIES TO ONE SEX ONLY, A VALID OBJECTION? IS THE EXAMINATION TO WHICH WOMEN ARE SUBJECT DEGRADING AND DEMORALIZING?

THE subject I now propose to consider is "the alleged inequality of the Contagious Diseases Acts as not including men, and the further allegation that the examination to which women are subject is disgusting and demoralizing."

The first allegation is a very plausible one at first sight, and involves questions which I freely admit are fraught with difficulty. The opponents of the Act, however, speak on this subject almost as if all women were liable to compulsory examination, whereas it is only the class of common prostitutes who make a trade of their calling, that are subject to inspection. Now, what class of men ought to be examined? Clearly, *primâ facie*, it should be a class corresponding to prostitutes. Such a class of men does not exist. I mention this not as any evidence of men being more moral than women, but just the reverse; it is a proof that woman does not create the demand on man to give himself up to a life of vice and licentiousness in order to satisfy her passions. Did she create the demand, there would be no lack of men vicious enough to supply it. But all honour to her, she does not. But though there be no such class of men, are there none who ought fairly to come under the operation of the

Acts? I think there are, and the principle that I would lay down would be, that wherever there is a body of men who are known as a rule largely to indulge in this vice, those men should be subject to periodical examination equally with women; nay, more, every individual, be he who he may, who is known to be a notorious frequenter of common prostitutes, should be subject to periodical examination, and could this be carried out, I believe it would have a far greater deterrent effect on vice than the fear of contracting disease of which so much has been said. The idea may appear chimerical at present, but I believe it to be based on equity and common sense. But to proceed, as far as the present area of the Acts is concerned, the allegation of inequality is untenable, for the army, navy, and marines, the benefit of whose health is confessedly the primary object of the present Acts, are all more or less subject to medical examination, and that in numbers far exceeding the number of women liable to inspection. It is quite true that this examination is not yet so systematically adopted as it ought to be, but we are undoubtedly tending in that direction. The examination of these men cannot be enforced by the Contagious Diseases Acts, but must form the subject of Admiralty and War Office regulations. But there are other classes of men who, I think, should be subject to examination. The Merchant Shipping Act is now undergoing revision and discussion in Parliament, with a view to improve the health of our merchant seamen. I believe there is no class of men more likely to spread enthetic disease. They contract it at one port, and spread it at another, and I think that on entering and before leaving port they should be subject to examination, and, if diseased, to compulsory detention in a hospital provided for the purpose. Again, our militia should undoubtedly be brought under the same rule, inspected both at the beginning and end of their month's training, and, if diseased, compulsorily detained till cured. On the recent

occasion of the South Devon Militia's month's training in Plymouth, I know that they were the means of bringing disease with them, and perhaps of carrying away still more, as there is no provision for detaining men in hospital after the month's training is over. Our prisoners are another class to whom there ought to be no difficulty in applying the same restrictions. Should the Acts be extended to the civil population, there is no doubt that the allegation of inequality would be a difficult matter to dispose of at once, but I think the Government should not shrink in any future extension of the Acts from making provision for subjecting the notoriously vicious among all classes of men to both moral and physical restraint, and if at the same time the legislature would make it a criminal offence for a man knowingly to communicate enthetic disease to a woman, another great point would be gained. Meanwhile, however, I am far from thinking it utterly useless to apply the Acts to one sex only, because it is well known that the number of vicious women is comparatively small as compared with the vicious men, and not only small, but well known. It results from this, that in curing one woman, you prevent many men from becoming affected with disease, and therefore, speaking only physically, it is not useless to treat prostitutes only, though far more satisfactory results would accrue from subjecting men also to inspection and treatment. I conclude, then, that in the present working of the Acts, the allegation of inequality is only partially tenable; that there are many classes of men to whom the operation of the Acts should certainly be applied; and, in one word, that such an allegation is the strongest possible argument for the extension, and not for the repeal, of the Acts.

With regard to the allegation that the examination to which women are subjected is disgusting and demoralizing, and an unwarrantable violation of their persons, I have but a few words to say, and would first remark that the very

men who urge this objection are advocating the provision of voluntary lock hospitals in all our large towns, at which the very same examination must be periodically carried out. More than this, the examination is precisely similar to that to which virtuous women continually submit when affected with uterine disease. Every precaution is taken to secure privacy and decorum. The examination is not conducted, as at all our general hospitals in London and elsewhere, before a class of students, but in a private room, and always in the presence of a female nurse. How an examination can be considered more degrading, demoralizing, and shocking to modesty, in the class of common prostitutes who maintain themselves by a life of vice, than in the case of modest and virtuous women, treated either in private or in our general hospitals, passes my comprehension. An experience of five years in the lock wards of the Royal Albert Hospital leads me to say that the women do not look upon the examination as degradation, and that as a rule they willingly submit to any and every means necessary for their cure.

With regard to the mode of conducting the examination by the visiting surgeon at Devonport, a most scandalous fabrication was lately circulated widely by Professor Newman, professedly on the testimony of an eye-witness.* It abounded in the foulest details, was calculated to damage the public character and reputation of the visiting surgeon, and was doubtless intended to shake public confidence in the working of the Acts. Professor Newman was at once asked for his authority, which he was unable to give. The case was fully enquired into by the Admiralty, and the most unqualified denial elicited of the truth of the statement. Professor Newman therefore lies under the imputation of having given currency to a slander for which he has failed to show that he had the slightest foundation.

I have now concluded what I have to say on the Con-

* Vide Section iii. of Appendix.

tagious Diseases Acts. It remains for me to examine the alternatives to the Acts offered by its opponents, and finally to point out what appears to me to be the most desirable course to take at the present time.

IV. HAVE ANY SATISFACTORY ALTERNATIVE PROPOSALS TO THE CONTAGIOUS DISEASES ACTS YET BEEN SUGGESTED ?

My fourth proposition leads me to enquire whether the opponents of the above Acts have offered any alternative proposals which can be called either feasible or adequate to meet the acknowledged evils of prostitution and its attendant diseases ?

I venture to say that there is no part of the subject we are discussing in which our opponents show more plainly the weakness of their cause and the unreasonableness of their demands. It is a part of the subject which they shirk in all their public addresses, and on which no tangible and satisfactory counter-proposal has yet been elicited from them. Their only policy is one of destruction, and not of amendment. First repeal the Acts, they say, and then we will propound our scheme ; such a preposterous demand will, I doubt not, be appreciated at its proper worth, both by the Parliament and the country at large.

The Contagious Diseases Acts deal both with the vice of prostitution and with the diseases attendant upon it: *primarily*, with the latter, by periodical examination of prostitutes and compulsory detention in hospital, if diseased ; *secondarily*, with the former, by bringing moral and religious influences to bear on the inmates of hospitals, and by aiding reclamatory efforts on behalf of any woman brought under the operation of the Acts. We must, therefore, consider what alternatives are offered, *first*, to the physical, *second*, to the moral machinery at present in force.

First—the opponents of the Act propose to deal with the physical evil entirely on a voluntary system, establishing voluntary lock hospitals, or attaching lock wards to existing hospitals in all our large towns, but withdrawing altogether the compulsory periodical examination of all prostitutes, and the compulsory power of detention in hospital. By all means let the experiment be tried, for I am persuaded that, if it can be once shown that voluntary effort is adequate to meet the case, none of the advocates of the present Acts would wish to perpetuate a system of compulsion. Take any one large town such as Liverpool; let the present number of prostitutes be carefully ascertained by the police, and let this return be revised from year to year; let the same be done with the brothels and houses of ill-fame; let voluntary lock hospitals be established with as many beds as are deemed sufficient; let moral influences of all kinds be also brought to bear; and if the results will bear comparison, either with regard to diminution of disease, or diminution of prostitution, or reclamatory success, with the towns under the operation of the Acts, there will then (or, rather, when such a system has been successfully extended to all our large towns) be something more like reason in demanding the repeal of the Contagious Diseases Acts.

But the experiment has been tried and found wanting. The Government commenced the treatment of this question on an entirely voluntary system, with the sole exception of funds, which were supplied by the Admiralty and War Office; there was no periodical examination of prostitutes, and no compulsory detention in hospital, but patients came and went as they pleased. This system was in vogue at Devonport, Portsmouth, &c., from December 3rd, 1863, to March 31st, 1865, a period of sixteen months, with the following results, as far as Devonport is concerned: out of 282 cases admitted, 68, *i.e.*, nearly twenty-five per cent, left the Royal Albert Hospital uncured. It was only for a new

regiment to arrive, or a fresh ship to come into port, or a public holiday to occur, or any little difficulty of administration to arise, and our wards were left comparatively empty; so much so, that although the lock wards contained only 32 beds, even this number could not be kept full under the voluntary system.

But a still worse evil was this, that only a small proportion of cases of disease was reached by this system. A large number of cases still remained outside spreading disease in all directions, and rendering quite nugatory the treatment received by those who remained in hospital till cured. Be it remembered, moreover, that the existence of the milder forms of disease does not incapacitate a woman from carrying on prostitution. If not prevented, she will contrive to do so until the amount of personal suffering entailed is sufficient to drive her to a hospital, and unless compulsorily detained, she will probably leave the hospital as soon as her painful symptoms are removed, and before a cure has been effected. It was entirely the failure of the voluntary system which led the Government to pass, first, the Act of 1864, which, while partly voluntary with regard to admission, provided for compulsory detention in hospital when once admitted; and next, the Act of 1866, which established periodical medical examinations of all prostitutes. There is not the slightest ground for the insinuation of the editor of the *Westminster Review*, that Government intended all along to have an Act conferring compulsory powers. The voluntary system had first a full and fair trial for sixteen months, a period quite long enough to prove that it was abortive in results, and a waste alike of public money and medical skill.

But Dr. Chapman himself adduces, in an article on prostitution, in the *Westminster Review* for April, 1870, the cases of Dumfries and Winchester as proofs of the successful working of the voluntary system. With regard to neither, however,

is evidence offered of the existing extent of enthetic disease at the present time; but of Winchester, we know from another source, that the vaunted voluntary system has proved a failure. Mr. Mayo says, in his report on the subject, that in 1829 one-sixth of the beds in the Winchester Hospital were placed in the lock wards: in 1839, despite the increase of population, one-eighth of the beds was sufficient to accommodate the venereal cases. I will not stop to expose the fallacy that a smaller number of voluntary applicants means necessarily a smaller amount of existing disease. To my mind it equally means a disinclination on the part of prostitutes to avail themselves of voluntary treatment. Since 1839, however, Dr. Chapman gives us no return, but evidently wishes us to infer that the decrease in enthetic disease at Winchester has been progressive; but what is the fact? As soon as the Contagious Diseases Act is applied to that city, 43 per cent. of the women are found diseased, or more than four times the proportion found diseased at Devonport at the present time.

But the suggested alternative of voluntary lock hospitals must be examined a little more closely. First, as regards funds. Dr. Chapman believes that when the people are thoroughly aroused to the importance of the work, they will voluntarily subscribe all that is necessary. But let me ask, Are the public more likely to subscribe funds for lock hospitals for prostitutes, than for general hospitals for the deserving poor? And yet general hospitals are in many instances miserably supported. Witness St. George's Hospital, London, which is obliged to trench year by year on its funded property to meet its annual expenditure. Look at the London Lock Hospital, whose voluntary funds only suffice to support 50 beds; and we have a fair index of what we may expect from voluntary effort in this direction. Look again at our Houses of Mercy, Homes, and Penitentiaries. With few exceptions their funds are miserably

inadequate even to meet the cases of voluntary applicants for reclamationary effort; and do we suppose that the public will subscribe more readily to meet the physical disease, than the moral evil which is at the root of it? Dr. Chapman evidently feels that it is not so;* he himself distrusts voluntary effort, for he soon begins to talk of government subsidies in aid; but he insists upon it that such subsidies must be free gifts, and must not by any means confer the right of government inspection, because this would imply governmental recognition and control, which vitiate the moral principle of the voluntary system. Surely this vaunted moral principle is equally vitiated by receiving government subsidies, as by admitting government inspection; nor can I conceive that any government would be justified in contributing large sums to the support of a system of which it did not acquire the right of inspecting its working. But to be consistent the opponents of the Act ought to reject equally government subsidies and government inspection. They feel that without the former their system must break down, and therefore they sacrifice their favourite moral principle to the exigencies of the case. Again, Dr. Chapman insists that we are not to establish separate lock hospitals for prostitutes, because to go to such a hospital is a brand which might be productive of social injury to the woman, but the doors of all general hospitals are to be thrown open to them. This I believe to be a course open to the gravest objections. In the first place, the governing bodies of general hospitals, as a rule, object *in toto* to the admission of cases of venereal diseases; and this prejudice is so strong as to be fatal to Dr. Chapman's scheme. Nor is the prejudice altogether a wrong one, for with every wish to exercise Christian charity to the fullest extent to the class of prostitutes, care must be taken neither to lessen our relief of the deserving poor, nor to offend their

* Vide *Westminster Review* for April, 1870.

feelings by bringing them into contact with immorality in one of its worst forms. To carry out such a project would at once alienate a large amount of support from our general hospitals, and tend to their speedy bankruptcy. Lock hospitals, whether voluntary or supported by Government, must either be entirely separate institutions, or, if attached to general hospitals, they must form a separate department, without any communication with the general wards, and be supported by a special fund.

But other alternatives besides voluntary lock hospitals have been proposed in order to get rid of the diseases of prostitution, and that by no less a person than a Secretary of the Metropolitan Anti-Contagious Diseases Acts Association, Dr. Drysdale. His specifics are (as will be seen in the *Medical Press and Circular* for April 27th, 1870,) "early marriages, facility of divorce, and enjoining on young couples the necessity of not having more children than they can easily maintain." From the official position which Dr. Drysdale is allowed to hold, it is natural to suppose that his views are palatable to the Anti-Contagious Diseases Acts Association, as doubtless they may be also to the Dialectical Society, but by the rest of the British public such proposals can only be viewed with abhorrence and reprobation.

But, *secondly*, do the opponents of the Contagious Diseases Acts offer any alternative to the moral machinery which the Acts bring to bear upon prostitution; viz., the moral and religious influences which the Act provides in appointing Chaplains to certified hospitals, and in aiding both morally and pecuniarily in the work of reclamation? The opponents of the Acts have pointed out many very valuable modes of bringing moral influence to bear on the subject of prostitution: with most of these the supporters of the Acts, in common with myself, have perfect sympathy; but I protest against these being called *alternatives* of the Contagious Diseases Acts. They are valuable adjuncts to, and varied

developments of the same moral and religious influence which the Acts specifically provide and foster. Many of these collateral moral influences are such as cannot and ought not to be included in an Act of Parliament; but I maintain, that the Acts in question, so far from being a hindrance in the path of moral effort, are admirably calculated to promote the work of reclamation, and to diminish the evils of prostitution, and are, therefore, worthy of public sympathy and support. In discussing my next proposition, I shall take the opportunity of pointing out what collateral influences are best calculated to aid the operation of the Contagious Diseases Acts. Meanwhile, I conclude that no satisfactory alternative to these Acts has yet been suggested.

V. ARE THE CONTAGIOUS DISEASES ACTS CAPABLE OF AMENDMENT? SHOULD THEY BE EXTENDED AT PRESENT TO THE CIVIL POPULATION GENERALLY? WHAT COLLATERAL INFLUENCES ARE BEST CALCULATED TO AID THEIR OPERATION?

I. ARE the Acts in question capable of amendment? I have already hinted (in Section III. D) at two or three amendments which appear to be desirable to prevent any undue interference with the liberty of the women. These are, *first*, the omission of the former part of clause 3 in the Act of 1869, which empowers the visiting surgeon, under certain circumstances, to detain a woman in hospital for five days without examination. This appears to be unnecessarily harsh, as the statement of the woman that she is unfit for examination can always be verified by the attendant female nurse; nor would she fail to detect any serious syphilitic disease if it existed. It is plain that ordinary delicacy would prevent the visiting surgeon from examining under the special circumstances. *Second*, Clause 7 of the Act of 1869, increasing the maximum period of detention in hos-

pital from six to nine months, is also unnecessarily harsh, as any case not cured in six months may be regarded as virtually incurable, while the woman continues to practise prostitution, and should be dealt with as provided for in clause 31 of the Act of 1866. *Third*, The offices of medical inspector, visiting surgeon, and chief medical officer, should be kept entirely distinct, and no two of them should be allowed to be held, as at Aldershot, by the same person. The medical inspector should not merely inspect the certified hospitals, but should also supervise and inspect from time to time the work of periodical examination carried on by the visiting surgeon and the metropolitan police. It should be especially provided that no regulation should be allowed giving any power to the visiting surgeon within the walls of the hospital. At the same time he should countersign all orders for the discharge of patients from hospital *after* they have been signed by the chief resident medical officer, and in case of disagreement of opinion the case should be referred, not to the Inspector-General of the Naval Hospital, as at Devonport, but to some civilian surgeon, well versed in the diseases of women. *Fourth*, The metropolitan police employed under the Act should be distinctly placed for the purposes of the Act under the authority of the visiting surgeon, whose orders should not be allowed to be interfered with either by the superintendent, or by the police authorities of Scotland Yard. Should this be impracticable, it would be advisable to substitute for the metropolitan police a special body of men, carefully selected as men of good character and special aptitude for the work, who should be placed under the direct authority of the visiting surgeon, and be responsible to him. *Fifth*, The first notice given by the police to the woman that he believes her to be a common prostitute, and requires her submission to the Act, should be given in writing. *Sixth*, The clauses of the Act defining the powers of the police and the privileges of the women with

regard to relief from examination, appeal while in hospital, &c., should be distinctly made known to the women by being suspended in the visiting surgeon's examination rooms and wards of certified hospitals, and explained to the women from time to time. *Seventh*, Provision should be distinctly made, either by clauses in the Aet, or by Admiralty and War Office regulations, for the periodical examination of the men in the army, navy, and marines, and in any future amendment of the Aet the advisability of extending this examination to merchant seamen and other classes of civilians, as recommended in Section III. F of this pamphlet, should be carefully considered.

Now all the above suggestions concern matters of detail; but there is a far more important alteration which I should wish to see carried out, and which I think would do much to disarm the opposition arising from the feeling that the naval and military authorities are by these Acts interfering with the rights of civilians, and exercising martial discipline over them. I refer to the chief control and central administration of the Acts being placed in the hands of the Admiralty and War Office. The health of the troops being the primary object of the Acts is an intelligible reason why this took place in the first instance. Should the Acts be extended at some future time to the civil population, of course the authority must be changed; but even now in the present area of operation, inasmuch as the women concerned are all civilians, the authority which interferes with their liberties should be distinctly a civil and not a military power. At present great confusion arises from the complex authorities engaged in working the Acts, the obtaining of authenticated returns is a matter of difficulty and delay, and scarcely any two certified hospitals are conducted on the same plan. The War Office, Admiralty, and Scotland Yard, have all a finger in the pie, and there is danger of too many cooks spoiling the broth. I believe that no one would be more

ready than the Admiralty and the War Office to welcome a change in this matter; and what I would suggest is, that the central control of the Contagious Diseases Acts should be transferred either to the Home Office, the Privy Council, or, still better, when such a Minister is established, as I trust he soon will be, a Minister of Public Health. When some such change as this is effected, I think much will have been done to disarm the present opposition to the Acts.

II. Should the Contagious Diseases Acts be extended from their present area to the civil population generally? Believing the Acts to be good in themselves and productive of great benefit, morally, socially, and sanitarily, I should be glad to see their operation extended to all our large towns, but, at the same time, I would be the last to urge that this should be done compulsorily and at once. Much has been said by the opponents of the Acts of the hasty and secret way in which they have been passed through Parliament, and it is now urged that the Government have made up their minds to their general extension throughout the kingdom. Both these statements are perfectly unwarranted. The first Act was passed in 1864. The subject was then exhaustively considered by a Scientific Commission, including the most eminent medical men of the day, both civilian and belonging to the public services. In consequence of their recommendations, the Act of 1866 was brought in by the Government, and passed in the usual way. The subject has since been considered by two select Committees, one of the House of Lords in 1868, and the other of the House of Commons in 1869, and as a result of the reports of these Committees, the Act of 1869 was passed without a dissentient voice in either House. No subject has received more full and careful enquiry before being made the object of legislation; and if the Members of both Houses did not take the opportunity of fully debating the subject, the fault is their own, and cannot be said to have arisen from any hasty or

underhand proceeding on the part of the Government, but rather from the feeling that the reports of the select Committees were so convincing that debate was unnecessary. Equally unwarranted is the statement, that Government intend at once to extend the Acts to the civil population. The question of such extension demands most careful consideration, and our true wisdom at the present time consists in carefully watching the working of the Acts, in their present areas, until their benefits are thoroughly acknowledged, not only by those associated with their working, but by the thinking part of the community generally. When this has taken place, the difficulties in the way of further extension will be to a great extent removed, and, I doubt not, we shall find many of our large towns anxious to be brought under the operation of the Acts. The position of the Government with regard to such extension should, I think, be similar to that occupied in the case of the Local Government Act. The proposal for extension should in the first instance come from the municipal authorities of the individual town, who should first ascertain the amount of prostitution and disease prevailing, and the general wish of the inhabitants on the subject. When this has taken place, and the wish of the town to be placed under the provisions of the Acts has been clearly indicated, the working of the Act should be centrally administered by the Government with the same local machinery as at the present protected stations, the cost being met partly by local funds and partly by Government subsidies, the Government acquiring in the latter case the power of inspection. With regard to the question of cost, I think that much exaggeration has been made; and it must be remembered that the operation of the Act has so rapid an effect in diminishing disease among prostitutes, that a comparatively small supply of beds at the outset, though insufficient at first to include all cases of disease, would soon become adequate for the purpose. It has arisen from

this fact not having been thoroughly appreciated at first, (and it could not have been so appreciated without experience,) that an unnecessary expenditure in building has taken place at the Royal Albert Hospital, Devonport. A short time ago the 162 beds in the lock wards were kept well filled, but so great has been the diminution of disease, that at the present time not more than 60 beds are occupied; and it would doubtless have been wiser if the Admiralty had contented themselves with a smaller permanent building, and supplemented the deficiency of accommodation by some temporary expedient, such as the use for hospital purposes of some of the old hulks lying idle in the harbour.

With regard to the civil population, a still less expenditure will suffice, if, as I think would be sufficient, the major or syphilitic form of disease be alone subjected to compulsory detention in Hospital, the minor form of disease being either disregarded or treated as out-patients. It is necessary at naval and military stations that both forms of disease should be included, because the minor form, though far less injurious to the constitution, occasions in the aggregate a greater loss of time and waste of money among the army, navy, and marines; but with regard to the civil population the case is different—the loss of time affects the individual, and not the community; and while the major form of disease should be treated compulsorily as affecting injuriously the general health of the community, and involving in its hereditary taint as well as in its direct contagion the innocent and virtuous in common with the guilty and profligate, the minor form may be left with comparative impunity to be treated by ordinary means.

III. “What collateral influences may be advantageously brought to bear in aid of the operation of the Contagious Diseases Act?”

Before considering purely collateral influences, there are just two points which I think should always be inseparably

connected with the future working of the Act. They can hardly be included in the clauses of an Act of Parliament, but they should form part and parcel of the regulations which the Act empowers the committees of all certified hospitals to make for the management of the institution. I mean the classification of patients, and "woman's work" in aid of the religious and moral influence already provided by the Act. Both these subjects are now occupying the attention of the committee of the Royal Albert Hospital, Devonport. It has been the practice there for several months past, so far to classify the patients as to place all young girls coming to the hospital for the first time in a separate ward from the rest: it is among these that the work of reclamation is found to be the most hopeful; and the chaplain bears witness that the above arrangement has done much to promote the success of his efforts in rescuing these poor girls from a life of sin and shame. Woman's work in aid of the influence of the chaplain can need no words of mine to recommend it to public notice. There is many a secret sorrow which these poor fallen ones endure, many a tale of misery and woe, which they cannot divulge even to the ear of the kindest and most suitable clergyman, but which they will at once pour out into the heart of a sister who can enter into all their feelings, and sympathize with them as only woman can. But when I say that this is woman's work, let it not be supposed that it is any or every woman's work; on the contrary, it is work which requires the most careful and judicious selection. To throw the lock wards of any hospital open to the general visitation of a ladies' committee is a proceeding which I believe would result in far more harm than good. There is no class of women whose feelings are so easily wrought upon by excitement, religious or otherwise,—no class so sensitive of being made a show of as the occupants of our lock wards; but let one or two carefully-selected and responsible women be appointed by the committee for this special

duty, and I believe the good that will result will be incalculable. Nor should the work of such women be confined to the inmates of the hospital—they should also be missionaries to all women in the district who are brought under the operation of the Act; and it surely is not too much to expect that, if paid, their salaries should be provided by Government, in the proportion of at least one or two to each district. This is not the place to argue the question of voluntary agency on the part of ladies, whether sisterhoods or private individuals, as compared with the paid agency of women of a lower rank in the social scale. My own predilections are with the latter, perhaps from having always taken a deep interest in the work of the Bible women in London, and of female agents of town missions in the provinces, as well as from the feeling that the nearer the missionary and the fallen women are to one another in the social scale, the readier will be the access, and the more natural the sympathy of heart to heart. Nevertheless I am by no means prejudiced against voluntary agency on the part of ladies.

The *first* collateral influence I will refer to as aiding the reclamatory efforts put forth by the Contagious Diseases Acts is the existence of reformatory institutions, call them Homes, Penitentiaries, Houses of Mercy, or what not. So necessary and beneficial are these institutions, that the Contagious Diseases Acts without them would be a body without a soul. It might succeed in curing physical disease, but the work of reclamation could not go on. The lock hospital and the reformatory institution is each the complement of the other, and if the physical and moral evils of prostitution are both to be grappled with, both these agencies are necessary. To illustrate this:—Before the Royal Albert Hospital was built I have known many a case of a voluntary applicant at one or other of our reformatory institutions sent from the door almost in despair, because, being diseased, she could not be admitted. True, she was referred to the workhouse;

but this is a last resource which many a woman will not adopt, until absolutely driven there by want and suffering. Many a time our town missionaries have provided a woman with a lodging, and obtained medical treatment for her (either from their own pockets, or by special donations begged from friends) until she was in a fit state to be received into a penitentiary. This arose from the want of a lock hospital, and it virtually amounted to telling the women that their diseases put them out of the reach of reclamatory efforts, and many a woman was kept from applying to those institutions from the consciousness that her state of health rendered her ineligible. Now in the protected districts all this is changed, and the committees of reformatory institutions need no longer send unhealthy applicants from their doors in despair, because lock hospitals are provided where disease is cured, moral influence is brought to bear, and the woman as soon as cured is sent back to the reformatory institution. These institutions are conducted on different plans. Those I believe are likely to be most successful which are not too large, which are conducted as much like a private household as possible, where the discipline is mild (no cutting of hair or probationary solitary confinement, intended to be a test of penitence, but too often proved to be a test of hypocrisy), where employment, instruction, and recreation are sufficiently alternated, and the religious services are neither too long nor too frequent, so as to be irksome and burdensome instead of attractive. Another point in the conduct of these institutions is the extreme importance of removing girls as far as possible from their old associations, and providing them on leaving the institution with situations at a distance from the scenes of their former life. Whether Government should assist institutions receiving inmates from certified hospitals, or should establish special reformatory institutions in connexion with such hospitals, I will leave others to discuss.

Secondly, the temperance movement must not be ignored as having an important bearing on this subject. Though not a member of any temperance association, and holding the opinion that its advocates are prone to make a god of it, and put it in the place of religion, I nevertheless believe that the movement, especially when aided by an active magistracy, who do not hesitate to put the law in force against disorderly houses, is calculated to produce a most beneficial effect in checking the vice of prostitution, which always goes hand in hand with the cursed vice of drunkenness. The improvement of our licensing system will help the cause of Temperance in this matter.

Thirdly, another most important means of checking prostitution at our military stations would be the removal, to as great an extent as possible, of the restriction on marriage in the army. The truth of this is fully shewn by the extraordinary difference in the amount of venereal diseases in the army and marines, as compared with the royal navy, where there is no restriction on marriage. There are other considerations which combine to make this difference, but the above is undoubtedly the most important item in the account.

Fourthly, there is a far deeper and more important influence which, if properly brought to bear, would be the means of correcting the conditions which are at present so favourable to the existence and growth of the vice of prostitution, and that is the influence of public opinion. So long as the sin is considered comparatively venial in the case of man, and whoremongers and adulterers are received into polite society, and looked upon as desirable associates of our wives and daughters, while at the same time the fall of a woman, under whatever amount of temptation, is visited with immediate expulsion from society and often from home, and her fault is never forgotten, and almost never forgiven, so long society and public opinion are doing their best to foster and encourage

the vice of prostitution. Have not the ladies of England a great power in their hands in this matter? Let them but unite in stamping the well known profligate and vicious among men with a brand that would exclude them from their society, and declare them ineligible companions for themselves or their daughters,—let them apply the same treatment to vicious men which they unite with men in applying to a poor, erring woman, often more sinned against than sinning, and they will have done much to cut at the root of prostitution by attacking it in one of its strongholds. There are two points in connection with this subject on which the law of the land ought to be brought to bear. Seduction should be made a felony, and the man who knowingly communicates disease to a woman should be held guilty of a criminal offence, and subject to severe punishment.

Dress is another subject which has a much more important relation to prostitution than many are apt to imagine, and on which public opinion might easily be brought to bear. I know from actual observation and experience, that the love of dress and finery, especially among the class of domestic servants, has been the commencement of ruin in numberless instances. Space does not allow me to go further into the consideration of collateral influences; suffice it to say, that there is not a single agency at present at work for the elevation of man's intellect and morals which has not its influence in doing something to check prostitution. I will yield to none in estimating their importance; but not one of them, nor all of them together, will form a sufficient alternative to the Contagious Diseases Acts. Without them we cannot reach the whole body of prostitutes, so as either to undertake the successful treatment of disease, or to bring reclamationary effort to bear upon them. But with all these agencies at work, prostitution will not be put an end to, though it will be greatly diminished and its evils controlled. Do I, then, regard prostitution as a necessity? I have been

accused of doing so; but I abhor the doctrine as amounting to nothing less than charging God as the author of sin. But this I believe, that prostitution is a vice inseparably connected with our fallen nature, and having its cause, not in the decree of God, but in the sinfulness of man. When a remedy can be found capable of regenerating the fallen nature, and thus removing, or at least controlling, its sinfulness, then, and not till then, will prostitution cease. Does such a remedy exist? It does, in the power of a Saviour's love received into the heart by the operation of the Spirit of God. Every real and true disciple of Christ is an example of this power in his own person; but we have only to look around to satisfy ourselves that in this present age the majority of mankind are not under this Divine influence. By-and-by, if God's written word be true, it shall be otherwise: there is a time coming when sin shall be in the background, and Christ's kingdom shall be universally predominant. Then, and not till then, do I expect prostitution to cease. Meanwhile it is equally the duty of the State and of the Christian public of England to use every reasonable means in their power to control and alleviate what they cannot entirely remove. In order to this, both the one and the other must and does equally recognize prostitution,—not that it may be marked with approval, but stamped with abhorrence, and that upon it may be brought to bear both moral and physical remedies, either of which without the other will be perfectly useless.

I have now performed what I conscientiously believe to be a public duty. In doing so I deeply regret being at issue with many good Christians whose opinion I value, and whose efforts at reclamation by moral influence I esteem most highly; but on the subject in hand I believe their judgments are warped by a want of due appreciation of the nature of the evils of prostitution, and of the spirit of the Contagious Diseases Acts. I regret to find them associated in their

opposition to the above Acts with practical infidels and advocates of the worst vices of French society. I regret too the unfair and injudicious way in which their opposition is being conducted, and which I have exposed in the preceding pages; and I trust that this pamphlet may be the means of opening the eyes of many who, while opposing the Acts, are quite ignorant of their principles and their working.

I conclude with the earnest hope that the Government will persevere in their intention of granting a Royal Commission to enquire into the working of the Acts, and to sift all the objections which have been raised against them; and I trust that the result of enquiry by such a commission will lead, not to the repeal, but to the further amendment of these Acts, which I believe in their principle to be as beneficent and moral as any that have been passed by our legislature in the present generation.

APPENDIX.

SECTION I.

THE CONTAGIOUS DISEASES ACTS.

Four statutes dealing with this subject have been passed—those of 1864, 1866, 1868, and 1869. The Act of 1864, however, is repealed by that of 1866; and the Act of 1868 contains merely a technical provision about constables in Ireland. The statutes to be considered, therefore, are those of 1866 and 1869, the latter of which repeals some of the provisions of the former and enacts new provisions. The following brief abstracts, omitting matters merely technical, will show the existing state of the law on the subject.

The meaning of “Contagious Disease,” and other terms, are defined in sec. 2 of 1866.

The Act comes into force on 30th September, 1866.

The places to which the Acts apply are defined. Sec. 10 of 1869.

The expenses of working the Act to be paid by the Admiralty or Secretary for War. Sec. 5 of 1866.

Inspectors of certified hospitals and Visiting Surgeons to be appointed by the Admiralty or the Secretary at War. Secs. 6 and 7 of 1866.

Certified hospitals to be provided by the Admiralty or the Secretary at War.

The Certificate may be withdrawn from the hospital. Secs. 8, 10 of 1866.

Every certified hospital must make provision for moral and religious instruction. Sec. 12 of 1866.

The managers of a hospital to make regulations for the treatment of the women detained in it. See. 14 of 1866.

A Superintendent of Police may lodge an information on oath with a Magistrate that a woman is a common prostitute, and, being resident within the limits of a place to which the Act applies, or resident within ten miles of those limits, or having no abode, has within fourteen days been within the limits for purposes of prostitution, or outside the limits for that purpose with men resident within the limits. Upon this the Magistrate may, if he thinks fit, issue a notice directing her to appear before him, which shall be served upon her. See. 4 of 1866.

If the woman appears, or if she does not appear, either in person or by some one on her behalf, and the service of the notice on her a reasonable time before the time appointed for hearing is duly proved, the Magistrate must hear the case, and if he thinks fit, order that the woman shall undergo a periodical examination by the Visiting Surgeon for any period not exceeding one year. A copy of the order must be served upon the woman. See. 16 of 1866.

But the woman may, by making a voluntary submission to examination in writing, avoid the cause being heard before the Magistrate. See. 17 of 1866. Such submission then renders the signer liable to the same penalties as are imposed by the Magistrate's order. See. 6 of 1869.

Regulations to be made respecting the examinations. See. 18 of 1866.

The Visiting Surgeon to give notice to the women when they are to be examined. See. 19 of 1866.

If a woman present herself in such a state that she cannot be examined, the Visiting Surgeon, if he have reasonable ground for believing her to be diseased, may order her to be detained not longer than five days in a certified hospital; or if the reason is her being drunk, then she may be detained for 24 hours in the place where persons drunk and disorderly are detained. See. 3 of 1869.

A woman subjected to examination, and not under detention in a certified hospital, may apply in writing to the Visiting Surgeon to be relieved therefrom; who must then send the application to the Superintendent of Police, and if he is satisfied by the report of the Superintendent, *or otherwise*, that the woman has ceased to

be a common prostitute, he may order her to be relieved from examination; or she may apply to a Magistrate, who shall fix a time for hearing the application, giving notice of such time to the woman and the police; when, if it is proved that she has ceased to be a prostitute and enters into a recognizance for her good behaviour for three months, the Magistrate must order her release from examination. But if she comes within the limits for the purpose of prostitution, the recognizance is forfeited. Secs. 33, 35 of 1866; sec. 9 of 1869.

If the woman, after the Visiting Surgeon's certificate that she is diseased has been served upon her, does not repair to the hospital she may be arrested and taken there. Sec. 21 of 1866.

She must remain in the hospital until discharged by the Chief Medical Officer. Sec. 22 of 1869.

But she must not be detained under one certificate for more than three months unless the Chief Medical Officer and the Inspector of Certified Hospitals or the Visiting Surgeon conjointly certify that her further detention is necessary, but not for more than nine months altogether. Sec. 24 of 1866; sec. 7 of 1869.

If, during detention, she thinks she ought to be discharged she has a right to be conveyed before a Magistrate, who, if satisfied that she is free from disease, must discharge her. Sec. 25 of 1866.

On discharge every woman shall be sent to her home (if she desire it) free of expense.

A woman who when ordered to submit to examination does not do so, or when ordered to be detained in a certified hospital leaves it before discharged, or refuses to submit to the regulations of the hospital, is guilty of an offence; and upon being convicted may be imprisoned for the first offence, not exceeding one month, and for a subsequent offence, not exceeding three months; and when she has unlawfully quitted the hospital she may be arrested by any constable without a warrant. Sec 27, 28 of 1866.

A woman imprisoned is still under the order to be examined, unless the Surgeon of the gaol or the Visiting Magistrate certifies that she is cured of the disease. Sec. 29, 30 of 1866.

If, when a woman leaves a certified hospital, a notice is given her that she is still affected with a contagious disease, and she is found in any place for the purpose of prostitution, unless that notice has subsequently been endorsed by the Visiting Surgeon to the effect that the disease is cured (Sec. 31 of 1866), she is guilty

of an offence, and, on conviction, may be sentenced as above mentioned. (By the Act of 1866, sec. 30, a copy of the certificate of cure was to be given to the woman herself, but by the Act of 1869, sec. 8, no copy is to be given to her.)

The order for periodical examination is to continue in force so long as, and whenever the woman continues to reside within the limits of the Acts, for the purposes of prostitution, or within ten miles of those limits, but in no case for more than one year, nor after the woman is discharged from the hospital, a certificate being given to the police by the Chief Medical Officer that she is free from disease. Sec. 32 of 1866 ; sec. 5 of 1869.

Occupiers of houses, &c., convicted of knowingly harbouring diseased women for purposes of prostitution, to be liable to a penalty of Twenty Pounds, or to be imprisoned for six months ; but such a conviction is not to exempt the offender from any penalty to which he would otherwise be liable for keeping a disorderly house. Sec. 36 of 1866.

SECTION II.

STATISTICS—CONTAGIOUS DISEASE IN THE ARMY.

TABLE A.

TABLE showing the average annual ratio of admissions per 1,000 of mean strength during nine years, 1860–1868 ; also the ratio per 1,000 in 1867–68–69, for the Stations where the Contagious Disease Act is in force. At the five stations where the Act was early in force, the entries in 1868 are *below* the average. Further, the entries for 1869, are greatly below 1868. (The figures for 1860–68 are taken from a return at p. 88 of the Appendix to the House of Commons Report, 1869 ; the figures for 1869, being calculated from the Quarterly Returns of the Police of the Naval and Military Establishments.)

HOUSE OF COMMONS' REPORT.					Quarterly Returns of Police.
Station.	Average entry 1860-68.	Entry in 1867.	Entry in 1868.	Entry in 1869.	Act set in force.
Devonport & Plymouth .	354	312	280	211	Oct. 10, 1866.
Portsmouth	388	378	348	231	„ 8, 1866.
Chatham and Sheerness .	301	277	275	181	Nov. 6, 1866.
Woolwich	291	255	191	186	„ 6, 1866.
Aldershot	300	261	237	188	Apl. 12, 1867.
Shorncliffe	260	215	297	169	July 24, 1868.
Colchester	435	500	537	244	Jan. 27, 1869.

CONTAGIOUS DISEASE IN THE SHIPS OF THE ROYAL NAVY ON THE HOME STATION.

TABLE B.

TABLE showing the number of Cases of Venereal Disease sent to hospital or treated on board ship, with the consequent loss of time and money among the *crews afloat only* of Her Majesty's Naval Force on the Home Station, during the undermentioned years :

Year.	Strength.	Total No. of days' Sickness from Venereal.	Ratio of men constantly sick per 1000 of mean force from Venereal.	Total cost of disease in money per sick man. Wages per man, £32. Victual „ £10. Hospital „ £29 10s.
1861	22,900	106,854	12·7	£20,592
1862	20,760	96,207	12·5	18,541
1863	21,570	101,595	12·7	19,586
1864	19,630	90,480	12·3	17,436
1865	20,980	103,157	12·3	19,888
1866	21,200	76,429	9·6	14,812
1867	21,600	72,132	8·1	13,900

TABLE C.

ABSTRACT of Lock Cases passed through the Royal Albert Hospital, Devonport, between the 3rd December, 1863, and 30th September, 1869, giving the respective per centages of Syphilitic and Gonorrhœa Cases, and showing the striking Reduction in the former.

	Total Cases of each Class.	Syphilis.			Gonorrhœa.			Average Days of Treatment of all Cases.
		Number of Cases.	Average Days of Treatment.	Per centage of Cases.	Number of Cases.	Average Days of Treatment.	Per centage of Cases.	
<i>Voluntary System.*</i>								
484 days, 3rd Dec., 1863, to 31st March, 1865.... (35 beds.)	282	162	38·78	57·45	120	31·32	42·55	35·6
<i>Under the Act of 1864.</i>								
548 days, 1st April, 1865, to 30th Sept., 1866 (Average 58½ beds.)	422	196	64·51	46·45	226	50·5	53·55	57·0
<i>Under the Act of 1866.</i>								
182 days, 1st Oct., 1866, to 31st March, 1867 (62 beds.)	155	54	92·11	34·84	101	61·5	65·16	71·51
183 days, 1st April, 1867, to 30th Sept., 1867 (62 beds.)	168	60	79·21	35·72	101	48·0	64·28	59·14
182 days, 1st Oct., 1867, to 31st March, 1868 (91 beds.)	238	86	74·87	36·13	152	35·84	63·87	49·90
183 days, 1st April, 1868, to 30th Sept., 1868 (Average 136½ beds.)	754	193	58·36	25·60	561	22·86	74·40	31·97
182 days, 1st Oct., 1868, to 31st March, 1869 (162 beds.)	835	148	56·84	17·72	687	26·36	82·28	31·76
183 days, 1st April, 1869, to 30th Sept., 1869 (162 beds.)	752	134	49·40	17·82	618	24·92	82·18	..

* Under the "Voluntary System" 48 Syphilitic Patients and 20 cases of Gonorrhœa were discharged uncured, at their own request.

TABLE D.

SHOWING, *first*, the ratio per 1000 of mean strength of MEN who contracted venereal disease in Devonport district, from January, 1865, to June, 1870; *second*, the percentage of disease among the WOMEN examined; *third*, the progressive diminution in the number of PROSTITUTES and BROTHELS from 1865 to 1870.

Year.	Three Months ending	1. MEN. No. per 1000 infected in District.	*2. WOMEN. No. per 100 found diseased.	Year.	3. PROSTITUTES in District.	BROTHELS in District.
1865.	March 31st ..	68	..	1865.	2020	410
	June 30th ..	60	100			
	September 30th .	55	100			
	December 31st..	39	100			
1866.	March 31st ..	30	97	1866.	1770	375
	June 30th ..	27	100			
	September 30th .	24	96			
	December 31st..	21	95			
1867.	March 31st ..	24	93	1867.	1280	278
	June 30th ..	23	95			
	September 30th .	34	91			
	December 31st..	34	90			
1868.	March 31st ..	20	88	1868.	1020	224
	June 30th ..	20	74			
	September 30th .	30	56			
	December 31st..	22	30			
1869.	March 31st ..	21	22	1869.	820	184
	June 30th ..	19	21			
	September 30th .	27	15			
	December 31st..	16	11			
1870.	March 31st ..	16	12	1870.	620	120*
	June 30th ..	13	7			

* N.B.—Up to Midsommer, 1868, owing to insufficient accommodation in hospital, only those women were brought up for examination who were suspected on information of being diseased. Since that date the whole number of prostitutes have been periodically examined. This will account for the large percentage of disease before the above date.

SECTION III.

ALLEGED INSTANCES OF TYRANNOUS ADMINISTRATION OF
THE ACTS.

Extract from the Western Daily Press of March 16th, 1870.

TO THE EDITORS OF THE WESTERN DAILY PRESS.

GENTLEMEN,—On February 4th I received a letter from Professor Francis W. Newman containing the following passage:—"I have lately received an account, written by an eye-witness, of an 'inspection' at Plymouth. Various details are too foul to copy. Here is a summary: A woman resisting, sobbing, swearing, and writhing. The surgeon crimson with effort to overpower her. A crowd of women expecting their turn—pale, or weeping, or grinding their teeth with oaths."

As this statement reflected most seriously upon the authority charged with carrying out the Contagious Diseases Act in the Plymouth district, I forwarded the above extract to the Secretary of the Admiralty, to the Under-Secretary for War, and to Mr. Thomas Woolcombe, Chairman of the Managing Committee of the Royal Albert Hospital, Devonport (the only hospital which receives patients under the Contagious Diseases Act in the Plymouth district). I also applied to Professor Newman for the names of the eye-witness and the examining surgeon, and for the date of the inspection at which the alleged gross misconduct took place.

On the 10th February Mr. Newman replied to my request by declining to furnish me with the information I asked, without, however, giving any reason for this refusal.

On the 18th February I received answers from the Secretary to the Admiralty and from Mr. Woolcombe, of which I forwarded copies to Professor Newman on the 21st of February, enclosed in a note, of which the subjoined is a copy, but I have received no reply.

As doubtless this fabrication has reached others as well as Professor Newman, you will remove a painful impression from the minds of many persons by inserting these letters, and by doing so you will much oblige,

Yours faithfully,

BERKELEY HILL.

March 2nd, 1870.

No. 1.]

14, WEYMOUTH STREET, LONDON, W.

February 21st, 1870.

SIR,—I send you copies of two letters I received from the Secretary to the Admiralty and from the Chairman of the Committee of the Royal Albert Hospital, Devonport. I venture to hope that you will (after reading them) withdraw the statement you made to me in your letter of the 4th February.

I am, sir,

Faithfully yours,

BERKELEY HILL.

PROFESSOR NEWMAN.

No. 2.]

ADMIRALTY, 18th February, 1870.

SIR,—With reference to your communication of the 5th inst., relative to a statement furnished to you by Mr. Francis Newman, as coming from an anonymous person, alleged by him to have been an eye-witness of the examination of some women at Plymouth, I am commanded by my Lords Commissioners of the Admiralty to acquaint you that they have made full inquiry, and have received most positive assurance from both the former and the present visiting surgeon at Devonport, that nothing of the kind mentioned by Mr. Newman ever took place.

I am, sir,

Yours obediently,

VERNON LUSHINGTON.

BERKELEY HILL, ESQ.

No. 3.]

ROYAL ALBERT HOSPITAL, DEVONPORT,

17th February, 1870.

DEAR SIR,—I am requested by the managing committee of this hospital, into which patients under the Contagious Diseases Act are received after the examinations directed by the Act, to inform you that the most searching enquiry has been made into the alleged

grossly improper treatment of women by the visiting surgeon of the district, purporting to have been attested by an "eye-witness."

The committee being perfectly satisfied that the scene described, or any similar one, never did take place; and, from the precautions taken to prevent abuse, never could take place, desire me to give unqualified denial to the truth of the statement, and to express their regret that the gentleman who has given currency to the slander declines to do the common justice of giving up his authority.

You will make such use of this letter as you think best, and believe me,

Truly yours,

THOMAS WOOLLCOMBE,

Chairman of the Managing Committee, Royal Albert Hospital.

BERKLEY HILL, Esq.

EXTRACTS FROM THE EVIDENCE before the House of Commons Committee respecting the alleged examination of modest women.

Evidence of the Visiting Surgeon at Portsmouth.

Q. 345 *et seq.*—How do you obtain the information of a woman not being guilty of prostitution being brought before you as a public prostitute?—I know one instance of my own knowledge by my happening to know the woman as a respectable married woman. She had been guilty of a little indiscretion; she had, I believe, even accosted one of the police officers themselves, not for the purpose of prostitution, as he admitted; but she was, to use his own term, "larking about the streets," and he concluded that she was a prostitute. What injury occurred in consequence of that case being brought up to you? No injury, except to her feelings at having been brought there. Was there any malice on the part of the officer?—Not at all. Have you ever had a case of malice?—Never.

To this may be added the following letter:—

"21th January, 1870.

"MY DEAR SIR,—When the woman alluded to by me in my evidence before the Committee of the House of Commons came

before me as visiting surgeon, I recognised her, and believe said to her that I was sorry to see her in her present position. In reply she declared that she was a married woman, and was not, nor ever had been, a prostitute. On inquiry of the police, I learned that she had been seen in company with prostitutes, and intoxicated, coming out of a brothel, when she even accosted one of the police officers. On hearing this, I told her that I feared she had only herself to blame; to which she said that it was so, but that it should never occur again; for if her husband heard of her being obliged to come to the hospital, it would probably be her ruin.

"Under these circumstances, and knowing the truth of her being a married woman, I allowed her to go, and she has never been before me since, neither has any similar case occurred. I cannot but think that when the facts are known, some at least will cease to condemn what we both believe a most desirable Act of Parliament.

"Yours very truly,

"E. K. PARSON.

"Berkeley Hill, Esq."

Evidence of the Visiting Surgeon at Devonport.

Q. 123. Have you ever, to your knowledge, inflicted any serious injury upon any woman who has been examined, and who has not been a prostitute?—Most certainly not. 124. Have you ever had such a case?—Yes, once, and only once, and I did not examine her. It was a most horrible case: A poor child was brought from the country to be examined at the request of her own stepfather, who accused her of prostitution, and who brought her to the police. The poor child herself came willingly to the hospital. When the case was explained to me I at once refused to examine her, but she herself begged me to examine her. She said, "I ask you to do it as a favour, to clear my character, because I am not a prostitute." I did examine her at her own request; she was not only not a prostitute, but she was a virgin. 125. Did your examination inflict any injury upon her?—No; I did not examine her as I should examine a prostitute. 201 *et seq.* Do the metropolitan police select men peculiarly adapted for the purpose?—Yes; they select out of their number those men whom they think best fitted for the purpose. They are all married men, and they

are all men especially well known for long previous good character, and for previous fitness for such an appointment, and they are all middle-aged men. Have you ever seen an outrageous case?—I have never seen any case to warrant even a shadow of complaint.

CASE RECENTLY INVESTIGATED AT PLYMOUTH.

IN April, 1870, the Rev. Dr. Rule, a Wesleyan minister, delivered a lecture in Plymouth against the Contagious Diseases Acts. Speaking of the liability of virtuous women to be interfered with by the Act, he referred to a case in point which had come under his own observation, and publicly declared his intention of sifting the matter to the bottom, and publishing the result. This, however, he has not yet done.

On the 10th of June, 1870, another meeting was held in Plymouth with a similar object, at which Mr. Baxter Langley, LL.D., Mr. Morgan, Solicitor, of Birmingham, Messrs. Williams and Cooper, secretaries of the London Rescue Society, and others were present. Mr. Baxter Langley having asserted that these gentlemen had obtained evidence of several instances of respectable women being interfered with by the police in the Devonport district, was challenged by Mr. Woolcombe, chairman of the Royal Albert Hospital, to produce one such case and to submit it to impartial investigation. This was accepted, and on June 13th, a case was investigated at the Duke of Cornwall Hotel, Plymouth, by three referees satisfactory to both parties, viz., J. N. Bennett, Esq., Solicitor, Alfred Rooker, Esq., Solicitor, and Alexander Hnbbard, Esq., Ex-mayor of Plymouth. The case proved to be the very same as that referred to by the Rev. Dr. Rule, as above, and it occurred as long ago as October, 1869. The allegation was that A. B., a woman brought up by the police for examination in October, 1869, was not only a respectable person but a virgin; and that the police by interfering with her had exceeded the powers given to them under the Act. After patient investigation of the case for 14 hours, and mature deliberation on the evidence produced, the referees, on the 23rd of June, published the following award:—

“Mr. Woolcombe having stated at a public meeting, held at the Mechanics’ Institute, Plymouth, on Friday, the 10th June, inst., that he challenged any gentleman to prove a single case of

abuse of the Contagious Diseases Acts within this district, and Mr. Baxter Langley, and other gentlemen having accepted Mr. Woollcombes's challenge, it was subsequently alleged by the opponents of the Acts that the case of a person, whom we will here designate as A. B., constituted such an abuse, and we were requested, on behalf of all parties to investigate and give our opinion on this case.

"The parties, with their witnesses, having met at the Duke of Cornwall Hotel, in Plymouth, on Monday, the 13th inst., after a prolonged and careful hearing of the evidence adduced on both sides, we, the referees, have arrived at the following conclusion, namely—

"1.—From the evidence adduced we do not consider that an abuse of the Acts has been proved.

"2.—At the same time, having regard to the testimony borne by many respectable persons to the good conduct of A. B., both before and since her treatment under the Acts, and to other circumstances, we have arrived at the above conclusion, not without hesitation, and as strictly indicating a balance of opinion only, on a full review of the entire case.

"(Signed)

"ALFRED ROOKER,

"ALEX. HUBBARD,

"J. N. BENNETT.

"Plymouth, June 23rd, 1870."

It is only necessary to call attention to the fact that after a crusade of several days in the Devonport district, the opponents of the Act have only succeeded in furnishing one case in which they deemed it desirable to ask for a full investigation, that this case is the same that Dr. Rule had previously failed to support, and that although A. B. found some respectable witnesses who were able to speak to her good character, the evidence against her was so overwhelming as to lead the referees to decide that no abuse of the powers of the Act had taken place; in other words, that they regarded A. B. as a common prostitute.

SECTION IV.

SPECIMENS OF UNWORTHY TACTICS OF OPPONENTS OF
THE ACTS.

Copy of a Paper circulated in Southampton in connection with a Memorial against the Contagious Disease Acts.

“SOUTHAMPTON, *April*, 1870.

“Will you and all in the House sign your name to this Memorial from the women of England against the abominable, degrading Act to females in general? The servant is then going to take it to the school-rooms to get the teachers to sign. The servant can sign for her mother or any other person she knows is opposed to it. Fancy, dear, your being tapped on the shoulder by a policeman, and examined to see if you are in a healthy state. The law gives power to stop anyone, however seemingly respectable. Is it not infamous?”

Memo.—The lady to whom this was sent was a spinster 60 years of age. The letter and memorial were sent on a Sunday.

NOTICE LATELY CIRCULATED AMONG PROSTITUTES IN THE
DEVONPORT DISTRICT.

“To all women living in districts subjected to the Contagious Diseases Acts.”

“Do not sign any paper placed before you by the police. You cannot be sent to prison for refusing to sign; and if the police threaten you with “three months” you may laugh at them.

If you do sign you will be liable to be personally examined by the police surgeon *at any time and in any manner* he pleases; and if he says you are diseased, and sends you to a hospital, you will be legally a prisoner, just as if you were in gaol.

The police have no power to enter your homes *without a magistrate's warrant*, unless you have been examined and ordered to go to a hospital.

If they attempt to do so against your will they may be forcibly turned out.

A sum of money has been collected to assist women who are suffering under these Acts with legal advice and protection.

For further information and advice apply to Mrs. DUFFITT, 8, Wyndham Street, Plymouth."

By order,

Societies for Promoting the Repeal of the Contagious
Diseases Acts.

50, Great Marlborough Street,
London. W.

EXTRACT FROM A HANDBILL

Extensively circulated in London at the present time.

"THINGS FOR WORKING MEN TO REMEMBER."

"REMEMBER! the Contagious Diseases Act is a law for YOUR wives and daughters only. The rich man can protect HIS; and woe be to the man who dares to touch them; but yours, as they go to their daily work, will be at the mercy of policemen in plain clothes, the better to act as spies on them, who may take them up on the accusation of bad men and women, or on his own suspicion.

"Are you willing that a law shall be passed to make your daughters—aye, and your wives too—liable to be arrested as common prostitutes on the suspicion of a policeman, and forced either to submit to a shameful examination by Government Surgeons, or to imprisonment for three months?"

The tactics referred to in this Section may serve the purpose of political agitators out of doors, but such shameful misrepresentations and open attempts to induce women to evade the law of the land by the promise of pecuniary assistance, are utterly unworthy of those who make them, and while they expose the weakness of their cause, and the unscrupulous character of their opposition, they will strengthen the hands of the Government in not only maintaining, but extending the operation of the Acts.

SECTION V.

LETTERS FROM CLERGYMEN RESIDENT IN DISTRICTS WHERE
THE CONTAGIOUS DISEASES ACTS ARE IN FORCE.*Extract from a Letter from the Rev. the Warden of Winchester College.*“WINCHESTER, *March 18th, 1870.*

“DEAR SIR,—If you think it would do any good, I have no objection to your using my name, and saying that I have reason to know that the Act has already had a salutary deterrent effect.

“Yours truly,

“GODFREY B. LEE.

“BERKELEY HILL, Esq.”

Letter from the Rev. Daniel Cook, Vicar of Brompton, Chatham.

“BROMPTON VICARAGE, CHATHAM,

“*April 21st, 1870.*

“DEAR SIR,—My extra services during Lent must be my apology for not having attended to your letter before. I fear you overrated my knowledge and experience respecting the working of the Contagious Diseases Act. As one of the trustees of St. Bartholomew's Hospital, and a member of the House Committee, I have taken a great interest in the poor women who have been placed under our care; beyond this I know very little of the matter.

“This subject is one of great importance, and requires a great deal of time and attention before anything like a correct judgment can be formed. It may be for want of proper information, and a wider area than Chatham presents, that I find myself differing in opinion from many of my brethren.

“In reference to the physical view of the subject, I suppose all are agreed; and as regards the moral view of the case, so far as the women are concerned, I am compelled to take a favourable view, inasmuch as more women have been reclaimed at Chatham by the operations of Act than would have been reclaimed if the Act had never existed. I have no reason to think that the number of abandoned women are increased by the introduction of this Act, and those who still follow their calling are less obtrusive than formerly. Whether the existence of this Act tends to increase

the sin of fornication I am unable to say ; if it does, no Christian would wish to see it continued ; but many good men appear to me to have rushed at this conclusion without sufficient data. I have never heard any of the women object to the Act, except a few who could not endure the restraint which hospital treatment necessarily entailed ; on the contrary, most of them expressed their gratitude that such a provision was made for them, and on their leaving us on the first of the month to go into the New Lock Hospital, they were overwhelming with their thanks to the House Committee for the kind consideration they had received.

“ I fear my remarks will be regarded as very general ; but I wish only to speak to the extent of my experience of the working of the Act as it has come under my notice in this district.

“ I remain, dear sir,

“ Yours very faithfully,

“ DANIEL COOK.

“ BERKELEY HILL, Esq.”

Letter from the Rev. John Puckle, Vicar of Dover.

“ DOVER, April 23rd, 1870.

“ MY DEAR SIR,—I would have written you earlier, but I have been gathering up a few facts to send to Lord Northbrook touching the Act's working here.

“ You will be glad to hear the resumé of them.

“ It shows that the Parliamentary inquiry, if carried out, can hardly fail to help the friends of the Act. We, at all events, shall be able to show : 1. That at least sixty per cent. of the worst elements of virulent contagion have departed from the town. 2. That open indecency and downright *assaulting* temptation have disappeared by one-half (I think more) from nightly infesting our streets ; and 3. That a very strong body of the people of sound sense and feeling belonging to us, *medical especially*, is in favour of the Act's working.

“ I regret the spirit of the Anti-Act Crusaders, while I give them credit for their motives. The best answer to their statements is in the three articles of evidence above quoted.

“ Believe me to be,

“ Yours very truly,

“ JOHN PUCKLE,

“ BERKELEY HILL, Esq.”

Letter from the Rev. H. Everett, M.A., Rector of Holy Trinity Church, Dorchester, formerly Incumbent of St. John's, Devonport.

“STOKE, DEVONPORT, *April*, 1870.

“DEAR SIR,—You ask my opinion respecting the operation of the Contagious Diseases Acts at Devonport, and I am very pleased at having any opportunity of expressing that opinion. I attended a meeting held at Plymouth the other day to discuss the subject, hoping that I might have been able to say a few words of reason, but the meeting would hear no reason or argument. Dr. Rule had so excited his audience with a false and sensational speech, they would only listen to his side of the question.

“My opinion has been formed by six years’ work as a clergyman in Devonport, and by four years’ experience as one of the Managing Committee of the Royal Albert Hospital.

“I am convinced that the passing of the Contagious Diseases Act was as wise, humane, and requisite a piece of legislation as any we have seen in England for years.

“Since the operation of these Acts, I am certain that the number of prostitutes has greatly decreased in Devonport; that open assaulting solicitation, once the disgrace of our streets, has in a great measure disappeared; that disease and suffering are much less rife among the women; and I am also quite certain that very many of them have been entirely reclaimed, and have altogether abandoned their vicious life, in consequence of the teaching and advice they have received during their stay in the Lock Wards. Our chaplain, Mr. Hawker, says, ‘The religious services which the women attend have the effect of raising the minds of some of them above the degradation of the life they are wont to lead, and producing in them a desire for respectability.’

“It has been publicly declared here that ‘women are not reclaimed through the operation of the Acts.’ This, from my own experience in many cases, I *know* to be false. I have seen women living in service—I have myself married women to respectable men—who have declared to me that the turning point in their lives was the time of their residence in the Royal Albert Hospital.

“I know very well that statistics relating to reclaimed women are not always to be relied on; for many women profess reformation, and for a time do reform, but again fall back into their former

life; therefore I am not led away by any published returns, but speak from what I have heard from our matron here, from the matron at the Devon House of Mercy, and from cases I myself have traced and watched. I am convinced that we have done and are still doing a great and good work within the walls of our hospital.

"A great deal has been said here about virtuous women being arrested and examined. This, if true, would be a horrible thing, and to be avoided at any price. Here, again, I have taken a good deal of pains in a quiet way to gather reliable information; and I am satisfied that on this point there has been gross and deliberate exaggeration. I cannot find, nor can I hear of any one else who can find, nor can our most frantic opponents substantiate a single case where a modest woman has been arrested and examined. It seems to me that so many precautions have been taken, and so many safeguards given as to render it hardly possible that any respectable woman can ever be molested.

"Our opponents say that 'the Acts have failed to produce any diminution of the disease.' How is it then, I ask, that the returns from the Plymouth and Devonport Workhouses, and the Naval and Military Hospitals show such a striking diminution in the number of cases of venereal disease admitted to their wards during the past three years? Yet another thing: all the doctors here tell me that it is an undoubted fact that the nature of the disease has very much altered in the past three years, that it is much less virulent, and more easily and rapidly cured than it was.

"In short, I am heart and soul in favour of the Acts, and am perfectly ready to do anything in my power to aid and extend them, for I believe the result will be to diminish vice, and to protect the innocent, the children, and the yet unborn generations from fearful misery and suffering. The firm opposition you are meeting with astounds me, though I console myself with the saying of Talleyrand, 'the thoughts of the greatest number of intelligent persons in any time or country are sure, with a few fluctuations, more or less, to become in the end the public opinion of their age or community.'

"I am, sincerely yours,

"H. EVERETT,

"Incumbent of St. John's, Devonport."

